173-6B

Department of Health & Mental Hygiene, Vital Records Birth Certificates Baltimore City

STATE OF MARYLAND

HR-RM 26
(5-1-54)
Hall of Records Commission

FILE ARRANGEMENT

Numerical Order

Some Birth Certificates are missing at time of filming and have been Lost

STATE OF MARYLAND

HR-RM 28
(2-1-54)
Hall of Records Commission

CERTIFICATION

This is to certify that the microphotographs appearing on this reel are accurate and complete reproductions of the file

Birth Certificates Baltimore City
(Name of file)

of DHMH Vital Records.
(Agency)

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Sunhild D Bolander

Date July 27, 1978

STATE OF MARYLAND

HR-RM 36
(4-1-54)
Hall of Records Commission

1895
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RETURN OF A BIRTH. 67845

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Charles Wharton Brown

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug. 18 1895
4. Place of Birth, (Street and Number) 1560 N. Carey st.
5. Full Name of Mother, Mrs Harry T. Brown
6. Mother's Maiden Name, Dora Deffin
7. Mother's Birthplace, Germany
8. Full Name of Father, Harry T. Brown
9. Father's Occupation Letter carrier
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return. E. A. Quick M.D.

Address, 2505 Pinna. Ave.

Remarks.

6 7 5 0 0 0 5 4 1 5

month, and shall set down in the form of a certificate the full name and occupation of the father, the full name, sex, color, the place and date of birth of any child born within the city of Baltimore, and shall deliver the same to the Commissioner of Health, or shall cause the same to be delivered, duly signed by the practitioner in the form of a certificate between the birth of any child and the expiration of the month in which it shall have been born, or, in case the birth of any such child shall be delivered, duly signed by the practitioner or attendant, or, in case of the absence of such practitioner or attendant, by the person in charge of the house in which such child shall be born, to the Commissioner of Health, or shall cause the same to be delivered, and third day of each and every month of a physician or practitioner of the city of the person or parents, or, in case of the absence of such practitioner or attendant, by the person in charge of the house in which such child shall be born, to the Commissioner of Health, or shall cause the same to be delivered, and shall occur without the city, immediately thereafter, in the manner and within the period of one week, and shall be subject to a fine of not less than five dollars nor more than ten dollars, in the discretion of the court, for each offence, and in the case of any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67846

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 18th 95
4. Place of Birth, (Street and Number) 612 S. Smallwood St.
5. Full Name of Mother, Nannie L. Arnold
6. Mother's Maiden Name, Schubkagel
7. Mother's Birthplace, Hampstead Carroll Co. Md.
8. Full Name of Father, William Arnold
9. Father's Occupation, Dairyman
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, H. W. Hebner M.D.

Address, 723 W. Lombard St.

Remarks, Natural Labor.

'6950005417

Wm J. C. Dulany Co., City Printers and Stationers.

Rule 1. Blanks will be sent forth as far as the sex and occupation of the parents, the date of birth, the first and last name, color, the (or) name of the physician or midwife, or other person who makes the return of the birth of any child born within the City of Baltimore, shall be delivered only by the Commissioner of Health. In cases where no other person be in attendance, the return of the birth of any child shall be made within the period above specified, and any day of each and every neglect or refusal to make such return, or any return of a false or fraudulent nature, shall be punished, and shall occur without the mother, immediately on the birth, to the Commissioner of Health, in the manner prescribed, and attendance of a physician or midwife, who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67847

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.)

1. Sex, (state whether male ~~or female~~)
2. Race or Color, (if not of the white race)
3. Date of Birth, 19 August 1893
4. Place of Birth, (Street and Number) Hanover St 705
5. Full Name of Mother, Helen Syrset
6. Mother's Maiden Name, Helen Baumgardner
7. Mother's Birthplace, Wisconsin
8. Full Name of Father, Knut Syrset
9. Father's Occupation Student (Law) Hotel Hanover St
10. Father's Birthplace, Norway, Europe

Name of Medical Attendant, or other person who makes this Return, Catherine Murphy

Address, 800 Sharon St

Remarks, 8950005418

Wm. J. C. Dulany Co., City Printers and Stationers.

Death, and shall set forth as far as the same can be ascertained the name and occupation of the parents of the child, the place of birth, the sex, color, the full name of the child, to case the birth of such child shall be delivered, duly signed by the practitioner in the office of Health, to case the birth of such child shall be delivered, duly signed by the practitioner in the office of the Commissioner of Health, or other person who shall be in attendance upon the mother, or in default thereof, or in case there be no such attendant, then by the person or parents of such child, within one week after the birth, or within one week after the expiration of the period above required, and shall be delivered, duly signed by the attendant, or other person, or parents of such child, within one week after the birth, or within one week after the expiration of the period above required, and shall occur without the city, immediately upon the birth, in the manner and in the provisions of this section, shall be sufficient upon the Commissioner of Health, in the manner and in the provisions of this section shall be recoverable. and such person or persons within one week after the birth to the Commissioner of Health, in the manner and in the provisions of this section shall be recoverable. Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be recovered as other fines and forfeitures are recoverable. child upon such person or persons, and such hereafter fail to comply with the provisions of this section shall be recovered as other fines and forfeitures are recoverable. and such person or persons who shall hereafter fail to comply with the provisions of this section shall be recovered as other fines and forfeitures are recoverable. jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67848

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Mary Finnegan

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 10 - 95.
4. Place of Birth, (Street and Number) 835 Holland Ave.
5. Full Name of Mother, Mary E. Finnegan
6. Mother's Maiden Name, " " Smith
7. Mother's Birthplace, Md.
8. Full Name of Father, Wm C. Finnegan
9. Father's Occupation, Brass Finisher
10. Father's Birthplace, Memphis Tenn.

Name of Medical Attendant, or other person who makes this Return, W B Dorsey M.D.

Address,

Remarks,

1 8 9 5 0 0 0 5 4 1 9

month, and shall set forth as nearly as may be the full name and occupation of its parents, a blank form of a certificate between the first day of been conferred) its sex, color, date of birth, place of birth, and the full name and occupation of its parents, shall be duly signed by the practitioner, or the person who shall have been in attendance upon the mother, and shall be delivered to the Commissioner of Health. In case the birth of any child shall said schedule shall be delivered every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, the schedule shall be delivered every month to the office of the Commissioner of Health. Any person who shall third day of each month, or shall neglect or refuse to deliver the schedule of the births of the preceding month, or any person who shall be in attendance upon the mother, or who shall be the parent of such child, without the attendance of a physician, whenever it shall become the duty of such person to report its birth to the Commissioner of Health, in the manner and within the period above required, and who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67 849

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 19 august 1895
4. Place of Birth, (Street and Number) 1017 straight street
5. Full Name of Mother, Catherine Kreamer
6. Mother's Maiden Name, Catherine Kreamer
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, John Kreamer
9. Father's Occupation Driver
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Mrs Baugh

Address, 711 Grant st

Remarks,

8 9 5 0 0 0 5 4 2 0

health, &c., &c., which is or is as the same can be ascertained by its parents, the date and place of birth, the first and name, and shall set forth, in the form of a certificate between the birth of any child been confirmed, the full name and occupation of its parents, the date and place of birth of any child been confirmed, the full name and occupation of its parents, the date and place of birth of any child shall be delivered duly signed by the attendant or other person to the Commissioner of Health. In case no other person be in said city, or in any other city or county in the State, the duty of the person or parents of such child to report to the Commissioner of Health, in the manner and within the period above fixed, and shall occur without the attendance of a physician or midwife, the duty of the person or parents of such child to report to the Commissioner of Health, in the manner and within the period above fixed, and shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

register of such births, and shall contain a list of the births which … Health. This schedule shall contain a list of the births … the full name of each child, (if any … month, and shall set forth as far as the same can be ascertained the full name of each child; and the been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67850

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 1

1. *Sex,* (*state whether male or female*) Female
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* Aug 19
4. *Place of Birth,* (*Street and Number*) 622 N Lombard St
5. *Full Name of Mother,* Lillie Ford
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, J McF Dick

Address, 622 N. Lombard St

Remarks, 8450005421

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67851

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 17 1895
4. *Place of Birth, (Street and Number)* 101 Berney St
5. *Full Name of Mother,* Susan Hall
6. *Mother's Maiden Name,* Susan Speden
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Richard Hall
9. *Father's Occupation* Coachman
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Jn. R. Caskey

Address, 213 E. Heat St

Remarks, Along Hill

8750005422

month, and shall set forth in the same the name and occupation of its parents, the place of birth, the full name and occupation of its father, and the maiden name of its mother, in the form of a certificate between the 1st and 15th of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or other person, or parents of such child shall be unable to make such return, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered, as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67852

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Mal

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 19 1895

4. Place of Birth, (Street and Number) Maidera st 20

5. Full Name of Mother, Mary Skalin

6. Mother's Maiden Name,

7. Mother's Birthplace, Bohaimen

8. Full Name of Father, John Skalin

9. Father's Occupation Labor

10. Father's Birthplace, Bohaimen

Name of Medical Attendant, or other person who makes this Return, Mary [illegible]

Address, P Washington st

Remarks,

8950005423

... month, and shall set forth as far as the same ...
been conferred) its sex, color, the full name and occupation of its parents, ...
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first an
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67853

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 19 August 1895
4. Place of Birth, (Street and Number) 124 Hanover st
5. Full Name of Mother, Mary Norton
6. Mother's Maiden Name, Norton
7. Mother's Birthplace, Balto
8. Full Name of Father, Edward Norton
9. Father's Occupation Gardener
10. Father's Birthplace, Germantown

Name of Medical Attendant, or other person who makes this Return, Wm. E. Brooks

Address, 528 Gough St

Remarks, Drowned

8 9 5 0 0 0 5 4 2 4

month, and shall set forth as far as the same [illegible] of its parents, the date and place of birth, the sex and [illegible] between the first and [illegible] full name and occupation, in the form of a certificate to be signed by the person who shall have been entrusted with the care of the child, and shall be delivered, duly signed by the person or officer, to the Commissioner of Health. And should no other person be in said schedule shall, and every month to the office or practicner of midwifery of the person or parents, or such [illegible] third day of each and every month to the office or practicner of midwifery of the person or parents, or such [illegible] shall over or without the attendance, duly thereafter, it shall be the number and within the period [illegible] required, and attendance upon the mother, or failing to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67854

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, [illegible] been conferred) its sex, color, the full name and occupation of [illegible] said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (*state whether* 1*st*, ~~2*d*, 3*d*~~, &c.)
1. *Sex,* (*state whether male or ~~female~~*) Male
2. *Race or Color,* (*if not of the white race*)
3. *Date of Birth,* Dec 19/95
4. *Place of Birth,* (*Street and Number*) 938 Greenmount Av
5. *Full Name of Mother,* Mary E. Pohler
6. *Mother's Maiden Name,* Kammerzell
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Frank Pohler
9. *Father's Occupation* Barber
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs A. O'Bryan

Address, 881 Greenmount Ave

Remarks, 8950005425

Wm. J. C. Dulany Co., City Printers and Stationers.

67855

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) white

3. Date of Birth, 19th Aug.

4. Place of Birth, (Street and Number) 1323. E. Eager St

5. Full Name of Mother, Esabell Harron

6. Mother's Maiden Name, E. Phelps

7. Mother's Birthplace, Fidrich Md.

8. Full Name of Father, John L. Harron

9. Father's Occupation Laborerd

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs J. Zeik Midwife

Address, 1417. E. Eager St.

Remarks, 6 7 5 0 0 0 5 4 2 6

Health. [illegible] month, and shall set forth as far as the same can be ascer[illegible] occupation of its parents, the date and place of [illegible] been conferred) its sex, color, the full name and ... said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67856

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Col
3. *Date of Birth,* Aug 19th 1895
4. *Place of Birth, (Street and Number)* 755 Iceland St
5. *Full Name of Mother,* Mary Lizzie Smith
6. *Mother's Maiden Name,* Wesley
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Alfred Smith
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return. Margretta Spragg

Address, 1127 Race St Balto Md

Remarks, 8950005427

month, and ship 25 per cent. of the full name and occupation of the parents, if the child has been conferred) its sex, color, the full name and occupation of its parents, if the child be born in said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the person or persons in the house where such child shall be born, or the person or persons having the care of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 11-28-56

RETURN OF A BIRTH. 67857

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Ada Braby ~~Howlin~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th & 7th. twins

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race)
3. Date of Birth, Aug 19/95.
4. Place of Birth, (Street and Number) 1303 Winchester St.
5. Full Name of Mother, Ida Summers Howlin.
6. Mother's Maiden Name, Galaher
7. Mother's Birthplace, Harrisburg, Va.
8. Full Name of Father, C. R. Howlin
9. Father's Occupation Book keeper
10. Father's Birthplace, Green Co. Pa.

Name of Medical Attendant, or other person who makes this Return, J. A. Christian M.D.

Address,

Remarks,

8950005428

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67858

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* 19 August

4. *Place of Birth, (Street and Number)* 138 Harrison St

5. *Full Name of Mother,* Annie Franz

6. *Mother's Maiden Name,* Aschendorff

7. *Mother's Birthplace,* Europe

8. *Full Name of Father,* John Franz

9. *Father's Occupation* Baker

10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return. Mrs R Ullrig

Address, 1902 E Lexington St

Remarks, 8950005429

[illegible] month, and shall set forth as far as the same can [illegible] been conferred) its sex, color, the full name and occupation of its parents, the date and place of [illegible] said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67859

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Aug 19 — 1895
4. *Place of Birth, (Street and Number)* 1227 Bank St.
5. *Full Name of Mother,* Mary Davis
6. *Mother's Maiden Name,* Dunn
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Davis
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return: Mary Stein

Address, 1427 E. Pratt St.

Remarks,

8 9 5 0 0 0 5 4 3 0

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] the full name and occup[illegible] the form of a certificate between the [illegible] shall been conferred) its sex, color, the full name and occup[illegible] the form of a certificate between the [illegible] said schedule shall be delivered, duly signed by the practitioner in [illegible] of Health. In case the birth of any [illegible] be in third day of each and every month, to the office of the Commissioner of Health, or shall become the duty of such [illegible] shall occur without the presence of a physician, or if such [illegible] the period above required, and [illegible] the mother, immediately upon the expiration of such [illegible] provisions of this section shall be [illegible] any such person or persons who shall fail to comply [illegible] jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67860

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Aug 19
4. Place of Birth, (Street and Number) Mt Hope Hospital
5. Full Name of Mother, Gertrude Wilson
6. Mother's Maiden Name, do do
7. Mother's Birthplace, Washington D.C.
8. Full Name of Father, Bernard Wilson
9. Father's Occupation Taylor
10. Father's Birthplace, Washington D.C.

Name of Medical Attendant, or other person who makes this Return, B B Catlin MD

Address, 1122 N Mount St

Remarks, 8950005431

month, an full as sex, color, the full name and occupation of its parents, the certificate between the first and ... shall be made out in duplicate, and the duplicate in the form of a certificate of the birth of any child ... been conferred) is sex, color, the full name and occupation of its parents, the certificate between the first and said schedule shall be made out in duplicate, and the duplicate in the form of a certificate of the birth of any child ... delivered, duly signed by the attendant, or should no other person be in attendance, then by the ... Commissioner of Health, or should no other person be in attendance, then by the ... and every month to the physician or practioner of the person, or in the case of the birth of such ... third day of each month, the duplicate of the said schedule shall be forwarded to the Commissioner of Health ... child, or should no other person be in attendance, then by the ... and within the period of five days required, and ... without the attendance lately hereofore, it shall be the duty of the person in the manner and within the time ... attendance upon the birth, the Commissioner of Health to comply with the provisions of this section shall be subject to the ... persons who shall hereafter, in any such case, to be recovered as other fines and forfeitures are recoverable. ... any such ... the fine of ten (10) dollars for each offence.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 67861

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Black
3. Date of Birth, 8-5-95
4. Place of Birth, (Street and Number) 612 McCulloh Court.
5. Full Name of Mother, Emma Brandee
6. Mother's Maiden Name, do
7. Mother's Birthplace, Ark
8. Full Name of Father, Unknown
9. Father's Occupation, do
10. Father's Birthplace, do

Name of Medical Attendant, or other person who makes this Return Edwin Geer

Address,

Remarks,

8950005432

Sex, color, the full name and occupation of the parents, of a certificate between the first birth and death of any child born in the City of Baltimore, to be given to the Commissioner of Health. In case the other person be a midwife or other person or parents, such certificate shall be delivered to the midwife or Practitioner, or the person or parents, and said return shall be made within the period above recited, and shall occur without the mother, immediately upon the birth, to be given to the Commissioner of Health, to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 67862

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Blk
3. *Date of Birth,* 8-5-95
4. *Place of Birth, (Street and Number)* 216 Forest St.
5. *Full Name of Mother,* Carrie Cooper
6. *Mother's Maiden Name,* do
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Unknown
9. *Father's Occupation,* do
10. *Father's Birthplace,* do

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address,

Remarks,

8950005433

[illegible] and shall set forth as far as is [illegible] name and occupation of its parents, [illegible] a certificate between the first and [illegible] conferred) its sex, color, the full name and occupation of its parents, [illegible] signed by the practitioner in the Board of Health. In case the birth of any child [illegible] said schedule shall be delivered every month to the office of the Commissioner of Health, or should no other person be [illegible] third day of such month to the office of the Commissioner of midwifery, or should no other person be [illegible] attendance upon the mother, immediately after the birth of such child, or within the period above required, and [illegible] without the attendance of a physician or practitioner, it shall become the duty of the person or persons [illegible] child to report its birth to the Commissioner of Health, in the manner and within the period above required, and [illegible] any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

THOS. G. S. GALLAGHY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 67863

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Black
3. Date of Birth, 8-8-95
4. Place of Birth, (Street and Number) 7 Temple St.
5. Full Name of Mother, Gertrude Johnson
6. Mother's Maiden Name, do
7. Mother's Birthplace, City
8. Full Name of Father, Unknown
9. Father's Occupation, do
10. Father's Birthplace, do

Name of Medical Attendant, or other person who makes this Return, Edwin Geer

Address,

Remarks,

8950005434

month, and shall [illegible] name and occupation of [illegible] a certificate between the first [illegible] been conferred) in sex, color, the fol[illegible] Commissioner is the form of a certificate between the first [illegible] said schedule, duly signed by the practitioner of Health. In case the birth of any child [illegible] delivered each and every month to the office of the Commissioner of Health, or other person be in [illegible] of midwifery, or other person or parents of such [illegible] shall occur without the attendance of a practitioner of midwifery, or other person or parents of such [illegible] shall be required, and [illegible] attendance upon the mother, or the parents of such child, within the period above required, and [illegible] to be Commissioner of Health, to fully comply with the provisions of this section, shall be [illegible] child to report, or persons who shall hereafter fail to comply with the provisions of this section, shall be [illegible] and any person or persons who shall hereafter fail to comply with the provisions of this section shall be [illegible] jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

THOS. A. G. WILLIAMS & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 67864

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug. 20. 1895

4. Place of Birth, (Street and Number) St Vincents Infant Asylum

5. Full Name of Mother, Belle Hull

6. Mother's Maiden Name, "

7. Mother's Birthplace, Balto

8. Full Name of Father, Not known

9. Father's Occupation "

10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return. B. C. Bassi M.D

Address, 410 North Avenue

Remarks, 8950005435

month, [illegible] conferred its sex, color, the full name an occupation on [illegible] in the form of a certificate between the [illegible] been conferred, shall be delivered, duly signed by the practitioner in the [illegible] of Health. In case the birth of any child said schedule shall be delivered, duly signed by the office of the Commissioner of midwifery, or should no other person be in third day of each and every month to the office of the Commissioner or parents of such shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter of Health, in the manner and within the period above required, and child to report its birth to the Commissioner hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67865

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug. 22
4. *Place of Birth, (Street and Number)* 672 N. Lombard St
5. *Full Name of Mother,* Maggie Smith
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return J. M. T. Dick

Address, 672 N. Lombard St

Remarks, 6 7 5 U 0 0 5 4 3 6

month, sex, and the color, the full name and occupation of its parents, on a certificate between the first and tenth days, and deliver the same to the Registrar in the form of a certificate of birth. In case the birth of any child been conferred, duly signed by the office of the Commissioner of Health, or should no one or parents of such delivered, such and every month to a physician or midwifery, or should no one or parents of such said schedule shall become the duty of the person or other person in charge of the premises, and within the period above required, and shall cause upon the Registrar of Vital Statistics, in the manner and in the provisions of this section shall be subsequently, in the Commissioner, or fail to comply with the provisions of this section shall be sub- without the attendance of a midwife, or shall not be recovered in other fines and forfeitures are recoverable. child to report the birth of any such child, or report the same, to be recovered in other fines and forfeitures are recoverable. any such person who shall have conferred, to be recovered in other fines and forfeitures are recoverable. jected to the fine of ten (10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67 866

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth.* Aug 27
4. *Place of Birth, (Street and Number)* 816 Harmony Lane
5. *Full Name of Mother,* Lizzie McCleil
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Jno G. Dick

Address, 607 W. Lombard St

Remarks, 1 8 7 5 0 0 0 5 4 3 7

month, and year of birth; the full name and occupation of his father of a certificate between the 1st and 10th day of any child born, shall be delivered, duly signed by the practitioner in charge of the case, or other person be in attendance, to the office of the Commissioner of midwifery, or attendant, or other person or parents of such child, or the attendance of a physician or midwife, and with the period above required, such shall occur without the attendance of a physician or midwife, and within the period above required, such attendance, or the mother, immediately the Board of Health, in the manner the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67867

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Aug. 12
4. *Place of Birth, (Street and Number)* 113 Vincent Alley
5. *Full Name of Mother,* Alberta Payne
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, M. L. Irwin

Address, 607 St. Lombard St.

Remarks,

8 9 5 0 0 0 5 4 3 8

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] month, and shall set forth as far as the same can be ascertained, the date and place of birth of the child, the full name and occupation of its parents, the date and place of marriage of its parents, the number of children born to the mother, and the number of children born to the mother living at the time of the birth of the child, and such other information as may be required by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the mother, immediately thereafter, it shall become the duty of the person or persons in attendance, or in the absence of such person or persons, the mother, within the period above required, and child to report its birth to the Commissioner of Health, who shall thereupon give full instructions to the person or persons who shall have reported, to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 07868

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Aug. 22 1895

4. Place of Birth, (Street and Number) 925 Peach alley

5. Full Name of Mother, Sofa Boyer

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. Dr. McF. Dick

Address, 677 W. Lombard St

Remarks, 8950005439

month, and shall set forth [illegible] and occupation of its parents, [illegible] a certificate between the first and
been conferred) its sex, color, the full name and occupation of its parents, [illegible] practitioner in the form of a certificate between the first and
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate. In case the birth of any child
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth the full name and occupation of the parents, the date of birth of any child born, and the place of birth, and shall be in the form of a certificate between the first and second days of each month, and shall be only signed by the practitioner, in the case of any child conferred its sex, color, the full name and occupation of the parents, the date of birth of any child said schedule shall be delivery monthly to the office of the Commissioner of Health. In case the person or parents of such third day of each month the attendance of a practitioner of midwifery, or the person or parents of such child, or other person, or persons, who shall hereafter fail to comply with the provisions of this section within the period above required, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67869

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Aug. 7 '3
4. *Place of Birth. (Street and Number)* 675 Foreman Court
5. *Full Name of Mother,* Annie Maudsie Barnett
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. M. R. Brisin

Address, 697 W. Lombard St

Remarks, 8950005440

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67870

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Aug. 7 4
4. Place of Birth, (Street and Number) 627 N. Lombard St
5. Full Name of Mother, Martha Young
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, M. R. Bruin

Address, 627 N. Lombard St

Remarks, 8 7 5 0 0 0 5 4 4 1

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] the full name and occupation of the [illegible] the form of a certificate between [illegible] birth of any child [illegible] the practitioner in the [illegible] Health. In case there is no [illegible] shall no other person [illegible] of such [illegible] office of the Commer of midwifery, of the person or persons required, and [illegible] or practitioner, within the period above required, and [illegible] shall become liable, within the period [illegible] section shall be sub- [illegible] Health, in the manner [illegible] provisions of this section shall be punishable [illegible] and forfeitures are recoverable [illegible] Commissioner for fail to comply [illegible] as other fines and [illegible] to be recovered [illegible] dollars for each offence.

RETURN OF A BIRTH. 67871

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth. Aug 26
4. Place of Birth. (Street and Number) 6 & 8 W. Lombard St
5. Full Name of Mother, Martha Haldman
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. M R Davis

Address, 6 & 8 W. Lombard St

Remarks, 8 9 5 0 0 0 5 4 4 2

Wm. J. C. Dulany Co., City Printers and Stationers.

Sec. 1. That it shall be the duty of the parents, or in case of their absence, or inability, the nurse or other person in attendance, to give the full name and occupation of the parents, the date and place of birth, and the number of the child, if it be one of twins or triplets, or more, and shall be delivered, duly signed by the practitioner of midwifery, or should no other person be in attendance, then by the nurse, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner of midwifery, or nurse, or other person, then the parents of such child, or in case of their absence or inability, then the person in whose house or premises such birth shall occur, shall immediately thereafter, it shall become the duty of the person required, and attendance upon the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

67872

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth. Aug. 16
4. Place of Birth, (Street and Number) 108 N. Amity St
5. Full Name of Mother, Hester Johnson
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, M. R. Bruin

Address, 627 W. Lombard

Remarks, 8750005443

month, and shall [illegible] its sex, color, the full name and occupation of [illegible] in the form of a certificate between the [illegible] been conferred) [illegible] duly signed by the practitioner in the [illegible] of Health. In case the birth of any child said schedule shall be delivered every month to the office of the Commissioner of midwifery, or should no other person be in third day of each and every month of a physician or practitioner the duty of the person or parents of such shall occur without the attendance of a physician thereafter it shall become the duty of the period above required, and attendance upon the mother, immediately of Health, in the manner and within the provisions of this section shall be sub- child to report its birth to the Commissioner hereafter fail to comply with the other fines and forfeitures are recoverable. any such person or persons who shall to be recovered as jected to the fine of ten (10) dollars for each offence,

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67873

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Aug. 26
4. *Place of Birth, (Street and Number)* 646 Penn Alley
5. *Full Name of Mother,* Fanny Mitchell
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. J. M. C. Duck

Address, 622 N. Eutaw

Remarks, 6950005444

Health. [illegible] shall set forth as far as the same can be ascertained, the date and place of birth, the first and [illegible] occupation of the parents, the date and place of marriage, and a certificate between the first and month, conferred his sex, color, the full name and [illegible] of a child born alive, and shall be signed by the practitioner, midwife or other person who conferred his sex, color, the full name and [illegible] of a child born alive, and shall be signed by the practitioner, midwife or other person who conferred his sex, color, the full name and [illegible] of a child born alive, and shall be signed by the practitioner, midwife or other person who conferred his sex, color, the full name and [illegible] of a child born alive, and shall be signed by the practitioner, midwife or other person be in said schedule shall be delivered, within [illegible] days after the birth, or the person or parents of such child, to the office of the Commissioner of Health. In the city of Baltimore, it shall be the duty of every third day of each and every month, to the office of the Registrar of Vital Statistics, a schedule of all births which shall occur within the period above required, and shall be signed by the attendant or other person who shall have been present at the birth, and shall be delivered upon the mother, immediately after it shall become the duty of the Commissioner of Health, in the city of Baltimore, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67874

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

123
223

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth. Aug. 26
4. Place of Birth, (Street and Number) 118 Winter St
5. Full Name of Mother, Penelope Robinson
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, J. McF. Dick

Address, 677 W. Lombard St

Remarks, 8950005445

month, and shall [illegible]
been conferred) its sex, color, the full name and occupation [illegible]
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67 875

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Aug 1 27
4. *Place of Birth, (Street and Number)* 627 N. Longard
5. *Full Name of Mother,* Josephine Conrad
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, M R Gouin

Address, 627 N Longard St

Remarks, 6 9 5 0 0 0 5 4 4 6

months, or twenty years, and shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67876

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Aug. 1, 27
4. *Place of Birth, (Street and Number)* 692 N. Lombard St
5. *Full Name of Mother,* Sarah Tapp
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. J. M. Dick

Address, 692 N. Lombard St

Remarks, 8950005447

health, and shall set forth as far as the same can be ascertained, the date and place of birth; and the month, sex, color, the full name and occupation of its parents. Upon receipt of a certificate between the first and tenth of any month, and duly signed by the practitioner or midwife, or other person in charge of such confinement, or other person who shall have attended the person or parents of such child, the Registrar shall be deemed and taken to have received the same within the period above required, and shall accordingly enter the same in the proper register of the Board of Health, and shall issue a certificate upon the mother, immediately after such entry, which will be the evidence of such birth, and such certificate shall be received in all courts of law and equity, and in any such person or persons who shall hereafter fail to report such birth to the Registrar, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67877

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Aug 28th 1895
4. Place of Birth, (Street and Number) Md Lying-in Hospital
5. Full Name of Mother, Bertie Cook
6. Mother's Maiden Name, Bertie Cook
7. Mother's Birthplace, Baltimore
8. Full Name of Father, unknown
9. Father's Occupation, unknown
10. Father's Birthplace, unknown

Name of Medical Attendant, or other person who makes this Return, L. W. Brown AB. MD

Address, Maryland Lying-in Hospital - Linden Ave

Remarks,

1 8 9 5 0 0 0 5 4 4 8

been conferred, shall be delivered, duly signed by the practitioner, at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a duly qualified practitioner of midwifery, or should no other person be in said city who shall be entitled to make such return, the parent or parents of such child shall become the attendant, and shall hereafter it, shall become the duty of the parent or parents of such child to report, or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 67848

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Blk
3. Date of Birth, Aug 28 95
4. Place of Birth, (Street and Number) 122 Chestnut St.
5. Full Name of Mother, Mamie Rodgers
6. Mother's Maiden Name, do
7. Mother's Birthplace, City
8. Full Name of Father, Unknown
9. Father's Occupation, do
10. Father's Birthplace, do

Name of Medical Attendant, or other person who makes this Return. Edwin Feer

Address,

Remarks,

1 8 9 5 0 0 0 5 4 4 9

month, as well as the full name and occupation of the person who shall be the form of a certificate between the sex, shall have conferred) in sex, color, the full name and occupation of the person who shall be the birth of any child, shall be only signed by the practitioner of Health. In case the birth of any child shall be delivered by any person other than a physician or midwifery, or should no other person be in said schedule shall be delivery month to the office of the Commissioner of midwifery, or should no other person be in third day of without the attendance of a physician or midwifery, or should no other person be in the period above required, and shall be delivered by any person other than a physician or midwife, it shall become the duty of the person so attending or present at such delivery, within the period above required, and surrounding upon the mother, immediately to report the birth to the Commissioner of Health, in the manner with the provisions of this section shall be such child to report its birth to the Commissioner of Health, in the manner with the provisions of this section shall be any such person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

THE A. G. BRADLEY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 67879

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Aug 19

4. Place of Birth, (Street and Number) 622 W. Lombard St

5. Full Name of Mother, Annie Boardley

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Mrs. J. Dix

Address, 622 W Lombard St

Remarks, 8450005450

been conferred) its sex, color, the full name and [illegible] said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the [illegible] third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67880

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Aug. 30
4. *Place of Birth, (Street and Number)* 107 Winter St
5. *Full Name of Mother,* Mary Lou Bedley
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes the Return, Jno. F. Leak

Address, 697 W. Lombard St

Remarks,

8 9 5 0 0 0 5 4 5 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67881

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Aug 30th 1895
4. ✗ *Place of Birth, (Street and Number)* Md Lying in Hospital.
5. *Full Name of Mother,* Annie Brown
6. *Mother's Maiden Name,* Annie Brown
7. *Mother's Birthplace,* West Virginia
8. *Full Name of Father,* unknown.
9. *Father's Occupation,* unknown.
10. *Father's Birthplace,* unknown.

Name of Medical Attendant, or other person who makes this Return, L. W. Keown M.D. M.D.

Address, Maryland Lying-in Hospital - Linden Ave

Remarks, Patient was confined on the Street and

✗ taken to Hospital in Patrol Wagon -

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as [illegible] been conferred) its sex, color, the full name and occupation of its parents, the date and place [illegible] said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67882

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Aug. 30

4. *Place of Birth, (Street and Number)* 622 W Lombard St

5. *Full Name of Mother,* Mamie Teague

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. J McG Dick

Address, 622 W Lombard St

Remarks,

8950095453

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67 883

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth. August 31st 1905
4. Place of Birth, (Street and Number) Maternity. 113+115 N. Lombard St.
5. Full Name of Mother, Lizzie Kohler
6. Mother's Maiden Name, Lizzie Kohler
7. Mother's Birthplace, Holland
8. Full Name of Father. "
9. Father's Occupation "
10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return, Chas. E. Brack M.D.

Address. 113+115 N. Lombard St.

Remarks.

89500054 54

Wm. J. C. Dulany Co., City Printers and Stationers.

Each case in which a birth shall be delivered, duly signed by the physician or midwife, in case the birth of any child shall occur upon the mother's premises, to the office of the Commissioner of Health. In case the birth of any child shall not report its birth to the Commissioner of Health, in the manner and within the period above specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67884

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 1st 1895
4. Place of Birth, (Street and Number) 1544 Pennsylvania Ave
5. Full Name of Mother, Katie Hartner
6. Mother's Maiden Name, Katie Henig
7. Mother's Birthplace, Germany
8. Full Name of Father, Ferdinand Hartner
9. Father's Occupation Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs A Meerzeke

Address, 527 Lafayette Avenue

Remarks,

8950 005455

Wm. J. C. Dulany Co., City Printers and Stationers.

Every person who shall be present at the birth of any child shall be delivered, duly signed by the practitioner in charge of the case, at the office of the Commissioner of Health. In case the other person be in said schedule each and every month the number of the persons with whom the duty of the period above recited shall become the duty of a physician or practitioner, or other person or persons of such child to report to the Commissioner of Health, in the manner and within the period above recited and shall occur without the attendance of a physician or practitioner, or other person or persons, it shall be the duty of the attendant upon the mother immediately thereafter, in the manner and within the period above recited, to report to the Commissioner of Health, in the manner and within the period above recited, and any such person or persons who shall severally fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 4-27-36

RETURN OF A BIRTH. 67885

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ruth Marie ~~Solomon~~ 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 27 1895
4. Place of Birth, (Street and Number) 422 E. Federal St.
5. Full Name of Mother, Emma Solomon
6. Mother's Maiden Name, Taylor
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Wm. Solomon
9. Father's Occupation Clerk
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, M. B. Billingslea

Address, 1206 E. Preston St.

Remarks,

1895 0005456

been conferred in sex or color. [illegible] signed by the practitioner in the form of a certificate [illegible] In case the birth of any child shall occur without the attendance of a physician or person licensed to practice midwifery, the person in charge of such child or the mother, immediately thereafter, in the manner and within the time required, shall report its birth to the office of the Commissioner of Health. Should no other person be in attendance upon the mother, the duty of the person in charge of such child or the mother shall be to comply with the provisions of this section, which shall be in any such report its birth to the Commissioner of Health, in the manner and within the time required, such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67 886

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 & 5 twins

1. Sex, (state whether male or female) Females
2. Race or Color, (if not of the white race) W Lite
3. Date of Birth, Aug 2 1895
4. Place of Birth, (Street and Number) #1607 Holbrook St.
5. Full Name of Mother, Cecilia Batelr
6. Mother's Maiden Name, " Dunn
7. Mother's Birthplace, Philadelphia Pa.
8. Full Name of Father, William M Batelr
9. Father's Occupation Car Conductor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. R G Rankin M D

Address, #811 Jefferson Ave Waverly City

Remarks,

1895 0005457

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] the form of a certificate [illegible] Commissioner of Health. In case the birth of any child [illegible] or other person or persons [illegible] of such [illegible] of a physician or practitioner of midwifery, or should no other person or persons [illegible] within the period above required, and [illegible] to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67 887

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 3rd

1. *Sex*, (*state whether male or female*) female
2. *Race or Color*, (*if not of the white race*) White
3. *Date of Birth*, Sat. Sept. 3rd 95
4. *Place of Birth*, (*Street and Number*) 829 Granby st.
5. *Full Name of Mother*, Barbara Sippel
6. *Mother's Maiden Name*,
7. *Mother's Birthplace*, Europe
8. *Full Name of Father*, Alois Sippel
9. *Father's Occupation* Laborer
10. *Father's Birthplace*, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

8 9 5 0 0 0 3 4 5 5

said schedule of births and every month to the office of the Commissioner of Health, no other person or midwifery, or the person or parents of such child is hereby required to report such birth to the Commissioner of Health within the period above required, and shall notice upon the mother, immediately after the birth, or the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be, and is hereby, subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67881

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 4th 1895
4. Place of Birth, (Street and Number) #18 Rees st
5. Full Name of Mother, Mary J Maxfield
6. Mother's Maiden Name, " " Marshal
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Edward W Maxfield
9. Father's Occupation Labarer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, R G Rawlins M.D.

Address, #811 Jefferson Ave Waverly City

Remarks,

1895 0005459

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) in sex, color, or birthplace, shall be made by the practitioner in the first case, or by the parents in the second case, to the Commissioner of Health, in case the birth of any child shall be delivered, duly signed by the physician or practioner of midwifery, or should no other person be in attendance, such report shall be made by the person in charge of the house, or the parents of such child, within twenty-four hours after the birth, and every month as the physician or practioner of midwifery of the person or parents of such child shall occur without the attendance of a physician, he shall become and within the period above prescribed, and shall occur without the attendance of a physician, he shall become and within the period above prescribed, and immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, and in default of such report, or in default of the attendance upon the mother, Commissioner of Health, to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67889

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) wht

3. Date of Birth, Aug. 4. 1895

4. Place of Birth, (Street and Number) 1302 Homewood ave

5. Full Name of Mother, Anna L McClain

6. Mother's Maiden Name, " " Elliott

7. Mother's Birthplace, Md.

8. Full Name of Father, John E. McClain

9. Father's Occupation "stay-boot" inspector N. C. R. W. shops

10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, G Lane Taneyhill

Address, 1103 Mads ave

Remarks,

8950 ~~10541~~50

been conferred) its sex, color, the full name and the [illegible] week [illegible] shall schedule shall be delivered, duly signed by the practitioner in the form of a certificate [illegible] third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67890

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 4 1895
4. Place of Birth, (Street and Number) Baltimore Welbrook Ave 1936
5. Full Name of Mother, Winnie Leah Manger
6. Mother's Maiden Name, Winnie Leah Manger
7. Mother's Birthplace, Westminster Carroll Co
8. Full Name of Father, George Franklin Manger
9. Father's Occupation Mortimer
10. Father's Birthplace, Westminster Carroll Co.

Name of Medical Attendant, or other person who makes this Return, Mrs Mary J Shockey

Address, 731 Cumberland St

Remarks,

8950085461

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be delivered, duly signed by the practitioner, to the Registrar of Health. In case the birth of any child [illegible] said schedule shall be delivered, duly signed by the Commissioner of Health. In case the birth of any child [illegible] said schedule of each and every month, to the office of the Commissioner of Health, or should no other person be in [illegible] office of the Commissioner of Health, or should no other person be in [illegible] of each and every month, a physician or practitioner, midwife, or other person or parents of such [illegible] third day [illegible] or midwife, and a physician or practitioner, shall be the duty of the person required, and [illegible] and four days without the attendance of a physician or practitioner, shall be the duty of the person required, and [illegible] attendance upon the birth, to the Commissioner, to comply with the provisions of this section. Shall any [illegible] child to report, or persons who shall neglect or fail to comply with the provisions of this section, shall be [illegible] any such person or persons who shall be guilty of such offence, to be recovered as other fines and forfeitures are recoverable. [illegible] jected, to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 67891

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* C
3. *Date of Birth,* Aug 7 - 95
4. *Place of Birth, (Street and Number)* 1002 N Calvert St.
5. *Full Name of Mother,* Stella Robinson
6. *Mother's Maiden Name,* Stella Thomas
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Thos Robinson
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address,

Remarks,

S 9 5 0 0 8 5 4 6 2

been conferred) its sex, color, the full name of its mother, and shall report the same in the form of a certificate to be furnished by the said schedule shall be delivered, duly signed by the practitioner to the form of a certificate to be furnished by the said schedule shall be delivered, duly signed by the practitioner to the office of the Commissioner of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of Health, or to such other person, being a shall occur where no other medical attendant is present, the mother, or in default or in her inability, the person who shall be authorized by the Commissioner of Health, in the manner and within the period above required, and shall occur where no other medical attendant is present, the mother, or in default or in her inability, the person who shall hereafter be authorized by the Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. A. R. GULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 67892

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug. 8th 1895
4. *Place of Birth, (Street and Number)* # 11 Asquith st Extended
5. *Full Name of Mother,* Mary E. Hutchinson
6. *Mother's Maiden Name,* " " Coleman
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Robert E. Hutchinson
9. *Father's Occupation* Brick maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, R. G. Rankin M.D.

Address, # 811 Jefferson Ave Waverly City

Remarks,

8950005463

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) his sex, color, [illegible] the practitioner in the form of a certificate, and [illegible] such schedule shall be delivered, duly signed by the practitioner in the form of a certificate, and [illegible] third day of each and every month to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon such birth, then the parent or parents of such child or some person in the house where such birth shall occur shall within the period above required, and in the manner and within the period above required, and in the manner and within the period above required, and say such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten ($10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67893

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, August the 9 1895
4. Place of Birth, (Street and Number) Mount St No 2005
5. Full Name of Mother, Mary Stinaman
6. Mother's Maiden Name, Mary Sincraft
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph E Stinaman
9. Father's Occupation Police
10. Father's Birthplace, Boston

Name of Medical Attendant, or other person who makes this Return, Mrs S Kelly

Address, No 17-22 Wilkins Av

Remarks,

'8950005464

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67894

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 9th of August 95
4. Place of Birth, (Street and Number) 13 Frederick Road
5. Full Name of Mother, Anna Ganser
6. Mother's Maiden Name, Anna Dümler
7. Mother's Birthplace, Baltic
8. Full Name of Father, Christ Ganser
9. Father's Occupation Butcher
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Friederike Keuler Midwife

Address, 2116 W. Pratt St.

Remarks,

1 8 9 5 U 0 0 5 4 8 5

Wm. J. C. Dulany Co., City Printers and Stationers.

been correctly filled, and signed by the practitioner in the form of a certificate the birth of any child shall be delivered, duly signed by the practitioner in the form of a certificate the birth of any child said schedule shall be delivered to the office of the Commissioner of Health. In case no other person be in attendance upon the mother, the midwife or practitioner of midwifery, of the person or parents of such child to report its birth, shall be required to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67895

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 4th of August 95
4. Place of Birth, (Street and Number) 97 Wilkens St
5. Full Name of Mother, Katie Mengis
6. Mother's Maiden Name, Katie Bohrer
7. Mother's Birthplace, Germany
8. Full Name of Father, Frank Mengis
9. Father's Occupation Brewer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Friederike Keeler Midwife

Address, 211½ W. Pratt St

Remarks,

6 9 5 0 6 9 5 4 6 3

said schedule shall be delivered, duly signed by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall become the duty of the parent or parents of such child to report the birth to the Commissioner of Health, in the manner as provided herein, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 67 896

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) W

3. Date of Birth, 8-11-95

4. Place of Birth, (Street and Number) 217 Schaeffer Court.

5. Full Name of Mother, Bertha Polhammer

6. Mother's Maiden Name, Bertha Zynoski

7. Mother's Birthplace, German

8. Full Name of Father, J. Polhammer

9. Father's Occupation, Peddler

10. Father's Birthplace, German

Name of Medical Attendant, or other person who makes this Return. Edwin Geer

Address,

Remarks,

8V50005467

been conferred) its sex, color, the full name and occ[illegible] said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

[illegible] & Co., City Printers and Stationers.

RETURN OF A BIRTH 67897

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth,* 8-11-95
4. *Place of Birth, (Street and Number)* 111 8 Low St.
5. *Full Name of Mother,* Ada Sach.
6. *Mother's Maiden Name,* Ada Bowen
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Ike Sacks
9. *Father's Occupation,* Peddler
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address,

Remarks,

8 9 5 0 0 0 5 4 6 8

been conducted shall be delivered, duly signed by the practitioner in charge of a case, a certificate of the birth of any child said address of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, then it shall become the duty of the person or persons present, or any person thereafter, to fully become the duty of the person or persons present, or any person thereafter, to fully report the same to the Commissioner of Health, in the manner and within the period above required, and in the event of the failure of any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 67898

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth August 11th 1895
4. Place of Birth, (Street and Number) 1725 Etting St
5. Full Name of Mother, Lucy Collis
6. Mother's Maiden Name, Lucy Garden
7. Mother's Birthplace. Virginia
8. Full Name of Father Andreson J Collis
9. Father's Occupation. Waiter
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Hester Botance

Address, 809 Preston St

Remarks.

8950005469

Wm. J. C. Dulany Co., City Printers and Stationers.

Sec. 1. It shall be the duty of each and every midwife, within twenty-four hours after the birth of any child born in Baltimore City, to report to the Commissioner of Health, in the manner and form prescribed, and in case of the death of any such child, within twenty-four hours after such death, to report to the Commissioner of Health, in the manner and form prescribed, and such report shall be made to the office of the Commissioner of Health. In case there is no midwife in attendance upon the mother of such child, then the duty of making such report shall devolve upon the physician or person who shall be in attendance upon such mother, and in case there is no physician or person in attendance upon such mother, then the duty of making such report shall devolve upon the person or parents of such child to report the birth or death of such child, as the case may be, in the manner and form prescribed, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Sec. 2. It shall be the duty of each and every midwife, within twenty-four hours after the birth of any child born in Baltimore City, to report to the office of the Commissioner of Health. In case there is no midwife in attendance upon the mother of such child, then the duty of making such report shall devolve upon the physician or person who shall be in attendance upon such mother, and in case there is no physician or person in attendance upon such mother, then the duty of making such report shall devolve upon the person or parents of such child to report the birth or death of such child, as the case may be, in the manner and form prescribed, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67899

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 12 1895

4. Place of Birth, (Street and Number) Harrison St 80 22

5. Full Name of Mother, Mary Henderek

6. Mother's Maiden Name, Bohaimer

7. Mother's Birthplace, Charles Henderek

8. Full Name of Father, Tailor

9. Father's Occupation Bohaimer

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Mary Kopta

Address, S Washington st 205

Remarks,

, 8 9 5 0 0 0 5 4 7 0

said schedule shall be delivered, duly signed by the practitioner in the form of third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67900

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 12 August
4. Place of Birth, (Street and Number) 231 Milton Ave
5. Full Name of Mother, Emma Schmidt
6. Mother's Maiden Name, Emma Bittner
7. Mother's Birthplace, Germany
8. Full Name of Father, William Schmidt
9. Father's Occupation Boiler Maker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Schuman

Address, 2522 E. Fayette st

Remarks,

B 7 5 0 0 0 5 4 7 1

been complete. [illegible] shall be delivered, duly signed by the practitioner in the case of a c[illegible] the birth of any child said school of each and every month to the office of the Commissioner of Health. In case the [illegible] or female, no other person be in the employ of each and every physician or practitioner of midwifery, or of the person or parents of such shall occur without the attendance of any physician or midwife, the mother of the child shall be [illegible] attendance upon, the Commissioner of Health, shall be required to report the birth, and within the period above required, and child to report the same to the Commissioner of Health, shall be required to comply with the provisions of this section, [illegible] any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be [illegible] liable to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] said schedule shall be delivered, duly signed by the practitioner [illegible] third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67901

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Aug 14th 1895

4. *Place of Birth, (Street and Number)* #1146 Barclay st

5. *Full Name of Mother,* Kate. E. Dawley

6. *Mother's Maiden Name,* " " Brown

7. *Mother's Birthplace,* Baltimore Co Md

8. *Full Name of Father,* William. B. Dawley

9. *Father's Occupation* Clerk

10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, R G Rankin MD

Address, #811 Jefferson Ave Waverly City

Remarks,

8 7 5 0 0 0 5 4 7 2

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67902

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 1 Child

1. *Sex*, (*state whether male or female*) Male

2. *Race or Color*, (*if not of the white race*) White

3. *Date of Birth*, ~~103 Bond st~~ 16 Aug

4. *Place of Birth*, (*Street and Number*) 103 Bond st

5. *Full Name of Mother*, Emil Lang

6. *Mother's Maiden Name*, Emil Reese

7. *Mother's Birthplace*, Baltimore

8. *Full Name of Father*, Otto Lang

9. *Father's Occupation* Box Maker

10. *Father's Birthplace*, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Schumann

Address, 2522 E Fayette.

Remarks,

8950005473

said schedule shall be delivered, duly signed by the practitioner [illegible] of Health. In case the birth of any child third day of each and every month to the office of the Commissioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter of Health, in the manner and within the period above required, and child to report its birth to the Commissioner who shall hereafter fail to comply with the provisions of this section shall be subany such person or persons jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67903

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 16th of August 95
4. *Place of Birth, (Street and Number)* 212½ Vine St.
5. *Full Name of Mother,* Lili Godmann
6. *Mother's Maiden Name,* Lili Armicher
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Wilian Godmann
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Friederike Keuler Midwife

Address, 2116 W Pratt St.

Remarks,

8950005474

said schedule shall be delivered, duly signed by the physician or other person, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, it shall be the duty of the person or parents of such child to report its birth, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67904

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug. 17th 1885
4. Place of Birth, (Street and Number) 1725 E. Federal St.
5. Full Name of Mother, Ada Walker
6. Mother's Maiden Name, Pollitzer
7. Mother's Birthplace, Hanford Cotton
8. Full Name of Father, George Walker
9. Father's Occupation B.R. brakeman
10. Father's Birthplace, Hanford Cotton

Name of Medical Attendant, or other person who makes this Return. M. B. Dallenzola

Address, 1206 E. Preston St.

Remarks,

8950005475

said schedule shall be delivered duly signed by the practitioner or person [illegible] the case the birth of any child shall occur without the attendance of a physician or midwife, or the same be not delivered to the Commissioner of Health within the period herein limited, the mother of such child or person or persons who shall become the duty of the person herein [illegible] or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period herein limited, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67905

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 18th of August 95.
4. Place of Birth, (Street and Number) 2034 Frederick Road
5. Full Name of Mother, Kathe Erdmann
6. Mother's Maiden Name, Kathe Beran
7. Mother's Birthplace, Germany
8. Full Name of Father, John Erdmann
9. Father's Occupation Hammersmaker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Friederike Keuler Midwife

Address, 2116 W. Pratt St.

Remarks,

V 8950005476

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67906

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth 4th

1. *Sex, (state whether male or female)* EDNA WILHELMINA Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* August 14th 1895

4. *Place of Birth, (Street and Number)* 2021 Pulaski st

5. *Full Name of Mother,* Annie Kase

6. *Mother's Maiden Name,* Annie Schultz

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* John Kase

9. *Father's Occupation* Prussian

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs A Mizenzetic

Address, 529 La Fayette Ave

Remarks, 8950005477

said schedule shall be delivered, duly signed by the attending physician or midwife, or should no other person be liable under this section, then by the father or mother of such child, within twenty-four hours after the birth of such child, and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be liable under this section, then by the father or mother of such child, within twenty-four hours after the birth of such child, and every month thereafter, to report its birth to the Commissioner of Health, in the manner and within the time specified, and attendance upon the mother, immediately after the birth of such child, shall be considered as a report of such birth to the Commissioner of Health, in the manner and within the time specified in this section, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the use of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67907

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Aug. 18th 95
4. Place of Birth, (Street and Number) 308 Rogers Ave.
5. Full Name of Mother, Annie Cooper
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Jonas Cooper
9. Father's Occupation Merchant
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

6 9 5 0 0 0 5 4 7 8

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be delivered, duly signed by the practitioner in the town or [illegible] a birth of any child [illegible] office of the Commissioner of Health, [illegible] shall no other person be in [illegible] of a physician or practitioner of [illegible] the duty of the person or parents of such [illegible] mother, immediately thereafter, [illegible] the period above recited, and [illegible] within the manner and within the period above recited, and [illegible] birth to the Commissioner, or [illegible] shall be [illegible] to comply with the provisions of this [illegible] any such person or persons who shall [illegible] other fines and forfeitures are recoverable. [illegible] for each offence, to be recovered as [illegible]

RETURN OF A BIRTH. 67908

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Aug 19th 1845
4. Place of Birth, (Street and Number) N Gay St
5. Full Name of Mother, Nora Carey
6. Mother's Maiden Name, Reifer
7. Mother's Birthplace, Balto
8. Full Name of Father, Wm Carey
9. Father's Occupation Laborer ~~Chapelis Rev~~
10. Father's Birthplace, Canada

Name of Medical Attendant, or other person who makes this Return, M. B. Billingslea

Address, 1206 E. Pratt St

Remarks, 8950005479

said schedule shall be delivered, by the person in charge of the place, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or the presence of any other person, the mother shall within three days thereafter, and the person in charge of the place within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67909

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) R 5

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 19 1895
4. Place of Birth, (Street and Number) Castle st 733
5. Full Name of Mother, Barbara Kirmneven
6. Mother's Maiden Name,
7. Mother's Birthplace, Germany
8. Full Name of Father, William Kirmneven
9. Father's Occupation Labor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. ~~[illegible]~~ Harry Kopter

Address, N W Washington st 205

Remarks, 8950005480

said schedule shall be given to the office of the Commissioner of Health. In case a midwife or other person be in attendance upon the mother, immediately after the birth of the child, it shall become the duty of such attendant to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67910

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 20th, 1895
4. Place of Birth, (Street and Number) 1145 Woodyear St.
5. Full Name of Mother, Mrs Mollie Ahring
6. Mother's Maiden Name, Reynolds
7. Mother's Birthplace, York Penna.
8. Full Name of Father, Mr. Chas. F. Ahring
9. Father's Occupation, Wagon Driver
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Wm E. Miller M.D.

Address, 2239 Pennsylvania Ave

Remarks,

8 7 5 0 0 0 5 4 8 1

said schedule shall be delivered, duly signed by the Commissioner of Health. In case the birth or any birth shall occur within the city of Baltimore, and no other person shall be in attendance at the birth, or shall be a midwife or other person practicing midwifery, or should no other person be in attendance at the birth, or should the child be born out of the city of Baltimore, the parents of such child shall be in attendance of a physician or midwife, it shall become the duty of the person above required, and shall have upon the mother, immediately after the birth, to report the birth to the Commissioner of Health, in the manner and with the particulars required by the said schedule, and the parents of such child to report its birth to the Commissioner of Health, in the manner and with the particulars required by the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67911

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Aug 20, 1895
4. Place of Birth, (Street and Number) 23 Stricker St.
5. Full Name of Mother, Nettie Smith
6. Mother's Maiden Name, Nettie Brogden
7. Mother's Birthplace, Md
8. Full Name of Father, Charles Smith
9. Father's Occupation, Fireman
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Louis Estow, M. D. Res. Phys.

Address, Maternity Nursing Med. College 410 Hoffman St West

Remarks, 8950005482

Wm. J. C. Dulany Co., City Printers and Stationers.

any such person or persons who shall have offended, to be recovered as other fines and forfeitures are recoverable.

67912

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* August 20th
4. *Place of Birth, (Street and Number)* 1524 Hanover
5. *Full Name of Mother,* Minnie Hoff
6. *Mother's Maiden Name,* " Dunkingen
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Gustav Hoff
9. *Father's Occupation* Hotel furnishing
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Catherine A. Wunder

Address, 800 Leadenhall St

Remarks,

8950005483

and certificate shall be delivered, duly signed by the proper person, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or other person, the duty of the person or parents of such child to report the birth to the Commissioner of Health, shall become and within the period above required, and shall be subject to the same penalty for failure to comply with the provisions of this section, that is provided in the case of such attendance. Any such person or persons who shall have failed or refused to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67 913

BIRTH NAME ADDED 11/31/61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: EdiTh MARIE MILLS

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* August 20th 1895
4. *Place of Birth, (Street and Number)* 1129 W. Baltimore st.
5. *Full Name of Mother,* Ida Mills
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Benjamin Mills
9. *Father's Occupation* Jeweler
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 S. Eutaw st.

Remarks,

875 0005484

Wm. J. C. Dulany Co., City Printers and Stationers.

Sec. 7. Be it further enacted, that a return of every birth shall be signed by the practitioner in the form of a certificate, or by the father or mother of the child, and shall be delivered, duly signed by the practitioner in the form of a certificate, or by the father or mother of the child, to the person authorized by law to receive the same, within twenty-four hours after the birth of any child, and a return of every birth shall be made to the office of the Commissioner of Health, in the city of Baltimore, within the third day of each and every month, by the person or persons in charge of the office of the Commissioner of Health, in the city of Baltimore, of all births which shall have occurred within the city of Baltimore, and of which no other return shall have been received, and shall occur without the attendance of a physician, or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately preceding, or at the birth of any child, the duty of the person in charge of the office of the Commissioner of Health, in the city of Baltimore, shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and such person or persons, who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67914

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) number Child Female

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Color
3. Date of Birth, Date of Birth 20
4. Place of Birth, (Street and Number) 1728 McCulloh
5. Full Name of Mother, Annie Carroll
6. Mother's Maiden Name, Annie Jenkins
7. Mother's Birthplace, Eastern Shore Dorchester County
8. Full Name of Father, Thomas Carroll
9. Father's Occupation, Sable
10. Father's Birthplace, West river

Name of Medical Attendant, or other person who makes this Return, Sues pooper

Address, 123 Durhand Street

Remarks, no remark

8950005485

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] third day of each and every month to the office of the Commissioner of Health, [illegible] shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, the attendant or practitioner of midwifery, or other person or parents of such child, or person or persons who shall have charge of the mother, shall make or cause to be made such report of its birth to the Commissioner of Health, as shall become the duty of the Person or parents of such child to report its birth to the Commissioner of Health, as shall be required by the provisions of this section, and any such person or persons who shall wilfully fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH 67915

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, Aug 20 - 1895
4. Place of Birth (Street and Number), 855 Park Ave
5. Full Name of Mother, Ada V. Ballard
6. Mother's Maiden Name, Ada Virginia Chilcoat
7. Mother's Birthplace, Batto. Co. Md.
8. Full Name of Father, Edwin K Ballard
9. Father's Occupation, Physician
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Edwin K. Ballard MD

Address, 855 Park Ave

Remarks, Name of this child - Donald Duncan Ballard

B 9 5 U 0 0 5 4 8 6

shall be delivered, duly signed by the practitioner at the birth, to some other person, be in attendance upon the shall be delivered, duly signed by the practitioner at the birth, to some other person, be in attendance upon the shall be delivered, duly signed by the Commissioner of Health. In case the birth of any child shall occur without each and every month with the city practitioner or midwifery, or person or persons of such child, to report the birth to the attendance of a person other than a practitioner of the place, or other person or persons who shall be in attendance upon the mother, immediately thereafter it shall become the duty of such person or persons to report the birth to the Commissioner of Health, in the manner provided in this section within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH. 67916

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 20 1895
4. *Place of Birth, (Street and Number)* 2121 Mayer st
5. *Full Name of Mother,* Annie Smith
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Walter Smith
9. *Father's Occupation* Job or
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return Mary Hopkins

Address, N Washington st 20

Remarks, 8950005487

Wm. J. C. Dulany Co., City Printers and Stationers.

Said schedule shall be delivered, duly filled up, to the office of the Commissioner of Health. In case the attending physician shall decline or neglect to make such return, or should no other person be in attendance, such return shall be made by the person who officiated as midwifery, or should no other person be in attendance or a physician or midwife officiate, the duty of the person above required, such shall occur without the attendance of a physician or midwife, it shall become the duty of the person above required, such attendance upon the mother, immediately after the birth, to make such return, which shall be delivered, as aforesaid, and every month to the office of the Commissioner of Health, in the manner and within the period above required, such child to report to birth, as the Commissioner of Health, in the manner and within the period above required, such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67917

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. Sex (state whether Male or Female)	Female
2. Race or Color (if not of the white race)	White
3. Date of Birth	Aug 20th 95
4. Place of Birth (Street and Number)	610 E. Bond St
5. Full Name of Mother	Lillie D. Baker
6. Mother's Maiden Name	Lillie D. Beall
7. Mother's Birthplace	Balto Co.
8. Full Name of Father	Jos. E. Baker
9. Father's Occupation	Lawyer
10. Father's Birthplace	Balto Co.
Name of Medical Attendant, or other Person who makes this Return.	Chas. B. Fink M.D.
Address	920 N. Broadway
Remarks	

B 9 5 0 0 0 5 4 8 8

Given at the office of the Registrar of Vital Statistics within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 67916

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race) white
3. Date of Birth, 20th August
4. Place of Birth, (Street and Number) 1442 Saratoga St
5. Full Name of Mother, Lessie Jessie
6. Mother's Maiden Name, Griffin
7. Mother's Birthplace, Lowell Lancy 143
8. Full Name of Father, Lancy Jesse
9. Father's Occupation, Bottling city
10. Father's Birthplace, Carroll County

Name of Medical Attendant, or other person who makes this Return, Mary E. Lewis

Address, 1213 West Baltimore St

Remarks, Alive Child

8950005489

Wm J C. Dulany Co., City Printers and Stationers.

Third day of each and every month to the office of the Commissioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth of the child, then the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67919

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Balto Md Aug 20th
4. *Place of Birth, (Street and Number)* 1026 Sharp St
5. *Full Name of Mother,* Elizabeth Little
6. *Mother's Maiden Name,* J. Herndon
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Hermann Little
9. *Father's Occupation* Coal & Wood Dealer
10. *Father's Birthplace,* Balto. Md

Name of Medical Attendant, or other person who makes this Return, Catherine Wemple

Address, 100 Seabury Hall St

Remarks,

8 9 5 0 0 0 5 4 9 0

said action shall be referred to the Office of the Commissioner of Health. In case it is the duty of any person to give information of a birth, or should no other person be in the city of each and every month to a physician or practioner or midwife, or should no other person be in the city of the person or parents of such child, the duty of such person or parents shall be to give information of the birth to the Commissioner of Health. Such return shall be made in the manner and within the period above prescribed, and shall occur without the attendance of a physician or practioner, it shall be the duty of the person in attendance upon the birth immediately thereafter, to make such return, and if there be no such attendance upon the birth, then the person or persons who shall have the care of such child to report to the Commissioner of Health to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 67920

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Tenth (10th

1. *Sex, (state whether male or female)* Girl

2. *Race or Color, (if not of the white race)* —

3. *Date of Birth,* Aug. 20th, 1885.

4. *Place of Birth, (Street and Number)* 2007 Clifton Ave

5. *Full Name of Mother,* Sarah Charlotte Holt

6. *Mother's Maiden Name,* S. C. Smith

7. *Mother's Birthplace,* Balto. Co. Md.

8. *Full Name of Father,* Oliver Holt

9. *Father's Occupation,* Bricklayer

10. *Father's Birthplace,* Balto. City

Name of Medical Attendant, or other person who makes this Return. J. A. Zepp M.D.

Address, N. E. cor. North Ave and Smith St.

Remarks,

895U005491

been con[illegible]
said schedule shall be delivered, duly signed by the practitioner in the form of a cer[illegible]
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 9-10-57

RETURN OF A BIRTH. 67921

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Lillian Grace Wilker

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 20th 95
4. Place of Birth, (Street and Number) 1746 E. Lanvale st.
5. Full Name of Mother, Elizabeth Wilker
6. Mother's Maiden Name, Elizabeth Simpson
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Harry F. Wilker
9. Father's Occupation, Coal Merchant
10. Father's Birthplace, Balto. Md

Name of Medical Attendant, or other person who makes this Return, Charles H. A. Meyer M.D.

Address, 1917 N. Caroline st.

Remarks,

8 9 5 0 0 0 5 4 9 2

Wm. J. C. Dulany Co., City Printers and Stationers.

Every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter, the attendant physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67922

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug. 20/95
4. Place of Birth, (Street and Number) 154 Milton Ave.
5. Full Name of Mother, Regina Huffer
6. Mother's Maiden Name, " Gehring
7. Mother's Birthplace, Balto.
8. Full Name of Father John Huffer
9. Father's Occupation Cutter
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough St.

Remarks,

8 ▼ 50005493

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall [illegible] every month to the office of the Commissioner of Health, [illegible] shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance, the father, the mother, immediately thereafter, it shall become the duty of the person or parents of such child or children, within the following twenty-four hours, to give notice and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67923

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 20th August '95
4. *Place of Birth, (Street and Number)* 1922 Sherwood Place Baltimore
5. *Full Name of Mother,* Sarah Fogerty
6. *Mother's Maiden Name,* Sarah Benton
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* John Fogerty
9. *Father's Occupation* Engineer
10. *Father's Birthplace,* Charleston S Carolina

Name of Medical Attendant, or other person who makes this Return, George E. E. Vogler M.D.

Address, 1230 East North ave.

Remarks,

6750005494

said schedule shall be given by the person in charge of the house, or by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

67924

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Female
1. Sex, (state whether male or female) white
2. Race or Color, (if not of the white race) august 20
3. Date of Birth, 6 [illegible] Street
4. Place of Birth, (Street and Number) Mary A Murray
5. Full Name of Mother, Mary A Myers
6. Mother's Maiden Name, Baltimore Co
7. Mother's Birthplace, James E Murray
8. Full Name of Father, Sales
9. Father's Occupation Howard Co
10. Father's Birthplace,
Name of Medical Attendant, or other person who makes this Return, Elisebeth Munchs
Address,
Remarks,

said schedule shall be delivered, duly signed by the practitioner
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8950005495

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67925

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) white

3. Date of Birth, August 20 1895

4. Place of Birth, (Street and Number) 2033 Foster Ave

5. Full Name of Mother, Emma Hessemer

6. Mother's Maiden Name, Emma Kemp

7. Mother's Birthplace, Balto

8. Full Name of Father, Peter Hessemer

9. Father's Occupation Laborer

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Geo. E. Lovgren

Address, 1 E. Fenton St

Remarks, 8 - 5 0 0 0 5 4 9 8

Wm. J. C. Dulany Co., City Printers and Stationers.

...third day of each and every month to the office of the Commissioner of Health, or should no other person be in ...attendance, to the nearest office of the Commissioner of Health, or to the person or persons of, and shall occur within the mother's tenement, or place of residence, within the period above recited, and ...attendance, to report the birth, or cause to be reported the same to the proper officer, shall be sub- ...child, such person or persons who shall neglect or refuse to comply with the provisions of this section, or who shall be guilty of any violation of the duty of the physician or other person or persons, and ...jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67926

GIVEN NAME ADDED 8-18-60

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Ewell Kirk Jett

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug 20th 1895

4. Place of Birth, (Street and Number) 1900 Harlem ave

5. Full Name of Mother, Lizzie W. Jett

6. Mother's Maiden Name, Bangs

7. Mother's Birthplace, " Delaware

8. Full Name of Father, John C. Jett

9. Father's Occupation Fire Insurance agent

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return. Jas. A. Gilbert M.D.

Address, 1102 W. Lafayette ave

Remarks,

'6950 05497

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be delivered, duly signed by a physician or midwife of the Commissioner of Health. In case the child shall be born without the aid of a physician or midwife, or should no other person be in said schedule, such person who shall have charge of the mother or child, or who shall be present at the birth, shall deliver such schedule each and every month to a physician or practioner of the doty of the person so required, and third day of each month, immediately thereafter, is hereby required to give information of such child to report it, or persons who shall have charge of the mother or child, or who shall be present at the birth, shall deliver such schedule each and every month to a physician or practioner of the doty of the person so required, and attendance upon the same to the Commissioner of Health, in the manner and within the period above specified, and any such person or persons who shall have charge of the mother or child, or who shall be present at the birth, who shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67927

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, August 20th 1895

4. Place of Birth, (Street and Number) 321 28th St Annex

5. Full Name of Mother, Mary G Jordan

6. Mother's Maiden Name, Porter

7. Mother's Birthplace, Balto Co Md

8. Full Name of Father, William H Jordan

9. Father's Occupation Engineer

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, W B Hawkins

Address, W. S. Cor Green & Mulberry St

Remarks, 8950005498

said schedule shall be delivered, day or night, at the office of the Commissioner of Health. In case the birth of any child shall occur on any day when said office is not open, the said schedule shall be delivered at the said office every morning, or at such other place or place as said Commissioner of Health shall from time to time designate, in the manner and within the period required, and shall cover and embrace all births occurring since the last previous report, and shall be made out in the form and manner required by the rules and regulations of said Commissioner of Health. In the manner and within the period required, and attendance upon the mother, Commissioner of Health to comply with the provisions of this section shall be sufficient to report the births of persons who shall hereafter die before the birth of such child, and any such person who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67928

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Living child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 20 August 1905
4. Place of Birth, (Street and Number) 1017 Hanover St
5. Full Name of Mother, Barbie Mitt
6. Mother's Maiden Name, " Gaudelburger
7. Mother's Birthplace, Baltimore
8. Full Name of Father, North Ruff
9. Father's Occupation, Cesar Marcus
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. Brooks

Address, 1020 Light St

Remarks, Living Mail

8950005499

said coroner shall be sworn to be office of the Commissioner of Vitals. In case the said person be in doubt, each and every month to be office of the Commissioner of Vitals, or should no other person of such a physician or practicner of the duty of the person so required, and third occur without the attendance immediately thereafter, it shall become the duty of the coroner, or such person, to report the fact to the Commissioner of Vitals, who shall be sworn in the manner and within the time required, and attendance upon the number of the Commissioner of Vitals, who shall be sworn in the manner and within the time required, and child to report the fact to the Commissioner of Vitals, who shall be sworn in the manner and within the time required, and any such person, or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED. 10-14-55

RETURN OF A BIRTH. 67929

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Wilbur Fisk ~~Harrison~~, Jr.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 21st 1895
4. Place of Birth, (Street and Number) 674 W Saratoga St
5. Full Name of Mother, May A Harrison
6. Mother's Maiden Name, Roberts
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Wilbur F Harrison
9. Father's Occupation, Salesman
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, E. W. Hee

Address, 602 N. Carey St

Remarks, '8950005500

said schedule shall be delivered, duly signed by the practitioner in the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 67930

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 21st 1895
4. Place of Birth, (Street and Number) 806 W. Lexington St
5. Full Name of Mother, Barbara Kellough
6. Mother's Maiden Name, Vohden
7. Mother's Birthplace, " Baltimore
8. Full Name of Father, Robert Kellough
9. Father's Occupation Shoe Cutter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Chas. E. Gibbons M.D.

Address, 1102 W. Lafayette ave

Remarks,

8 9 5 0 0 0 5 5 0 1

said schedule shall be delivered, duly signed, at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in charge of such and every month to the Commissioner of Health, the duty of the person or parents of such child to report such birth shall devolve upon the father, if living, or upon the mother, if living, and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, in the manner and within the period prescribed, such father or mother, or persons who shall have charge of such child, or any person who shall have charge of such child, who shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67931

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race)
3. Date of Birth, August. 21st 1895.
4. Place of Birth, (Street and Number) 102 Scott. St.
5. Full Name of Mother, Sarah E. Nolan.
6. Mother's Maiden Name, " " Reichard.
7. Mother's Birthplace, Balto. city.
8. Full Name of Father, Bernard J. Nolan.
9. Father's Occupation Clerk.
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return. R. J. N. Tall. M.D.

Address, 524 Sharp St

Remarks, 8950005502

Wm. J. C. Dulany Co., City Printers and Stationers.

Sec. 2. Be it enacted, that every month to the office of the Commissioner of Health, or shall no other person be in attendance at such place, or a commissioner of midwifery, or shall become the duty of the parents of such child to report its birth to the Commissioner of Health, in the manner aforesaid, within the period above required, and shall occur upon the mother, immediately after the birth, or within the period above required, and shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67932

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 21 – 95
4. Place of Birth, (Street and Number) Farlington
5. Full Name of Mother, L Bell
6. Mother's Maiden Name, L. Figg
7. Mother's Birthplace, Md
8. Full Name of Father, W. A. Bell
9. Father's Occupation, Liner
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return, J. F. Fray MD

Address,

Remarks, 8950005503

Wm J C. Dulany Co., City Printers and Stationers.

[illegible] day of each and every month to the office of the Commissioner of Health, or shall no other person be in [illegible] the attendance of a physician or midwife, or should the person in charge of such [illegible] shall become the duty of the person above required, and [illegible] upon the mother, immediately on the birth of a child, in the manner and within the time required, and [illegible] to report its birth to the Commissioner of Health, in the manner and within the time required by this section shall be sub[illegible] any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67933

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 21. Aug
4. Place of Birth, (Street and Number) 719 Forest St
5. Full Name of Mother, Della Fredrick
6. Mother's Maiden Name, D. Harrison
7. Mother's Birthplace, Ireland
8. Full Name of Father, Joseph Fredrick
9. Father's Occupation Tenster
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs J. Geib Midwife

Address, 1417 E Eager St

Remarks, 8950005504

said schedule shall be delivered, in a sealed envelope, by the Commissioner of Health. In case the birth of any child shall occur within one month after the date of delivery, or should no other person be in attendance at the birth of such child, the attendance of a physician or person shall become the duty of the person or parents required, and shall be upon the mother, immediately after the birth, in the manner and within the period specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67934

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) V

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug. 2/95
4. *Place of Birth, (Street and Number)* 2120 Monument Str.
5. *Full Name of Mother,* Ellen Callahan
6. *Mother's Maiden Name,* Lynch
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Remand Callahan
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return. Mrs. Diesenhofer

Address, 2225 Gough Str.

Remarks.

B 7 5 4 0 0 5 5 0 5

Wm. J. C. Dulany Co., City Printers and Stationers.

That any of each and every month to the office of the Commissioner of Health, shall be in the office of the Commissioner of Health, or shall no other person be in attendance at a physician or midwifery, or shall no other person be in attendance without the attendance of a physician or midwifery, or shall the parents of such child to report its birth, shall become the duty of the parents of such child to report its birth, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67935

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 22d 1895
4. Place of Birth, (Street and Number) St Peters 856
5. Full Name of Mother, Mrs Annie Blanch Kelly
6. Mother's Maiden Name, " " " Creamer
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, William Charles Kelly
9. Father's Occupation Brick Maker
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mrs Benyl

Address, 711 Cross st

Remarks,

8950005506

Wm. J. C. Dulany Co., City Printers and Stationers.

Will be sent every month to the office of the Commissioner of Health, which no other person be in attendance at the birth of a child, or if it shall become the duty of the person above required, and shall occur within the period of ten days, it will be the duty of the person above required, and in the absence of such person, the mother, immediately to report the birth, in the manner and with the particulars above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67936

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 22 1895
4. *Place of Birth, (Street and Number)* Ann st 528
5. *Full Name of Mother,* Mary Kurowski
6. *Mother's Maiden Name,* Andrz
7. *Mother's Birthplace,* Bohaimen
8. *Full Name of Father,* Michal Skowrowski
9. *Father's Occupation* Farbor
10. *Father's Birthplace,* Bohaimen

Name of Medical Attendant, or other person who makes this Return, Mary Shapter

Address, N Washington st 205

Remarks,

8750005507

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] day of each and every month to the office of the Commissioner of Health [illegible] shall occur without the employment of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of each and every family in which such birth shall occur, or of the nurse or midwife, if any, to report such birth to the Commissioner of Health, in manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67937

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 22nd 1895
4. Place of Birth, (Street and Number) #713 Madison St Annex
5. Full Name of Mother, Mary E Linthicum
6. Mother's Maiden Name, " " Glenn
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Oliver R Linthicum
9. Father's Occupation Machinist
10. Father's Birthplace, Pennsylvania

Name of Medical Attendant, or other person who makes this Return, R G Rankin M D

Address, #811 Jefferson Ave Waverly City

Remarks,

8 7 5 0 0 0 5 5 0 8

said schedule shall be delivered, duly sworn to by the person making the return, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the duty of the parents or parent, or in case of their or their decease or inability, then of the mother, immediately thereafter, shall become the duty of the person or persons required, and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the duty of the parents or parent, or in case of their or their decease or inability, then of the mother, immediately thereafter, shall become the duty of the person or persons required, and child to report its birth to the Commissioner of Health, in the manner and within the time specified, and any such person or persons who shall hereafter fail to comply with this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67938

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 22, 1895
4. Place of Birth, (Street and Number) 221 Heath St
5. Full Name of Mother, Virginia Lawson
6. Mother's Maiden Name, Virginia Hall Franklin has
7. Mother's Birthplace, Balti
8. Full Name of Father, F. Franklin Lawson
9. Father's Occupation Engineer
10. Father's Birthplace, Balti

Name of Medical Attendant, or other person who makes this Return, Dr R. Gasby

Address, 2138 Heath St

Remarks, Coing well

6950005509

Third day of each and every month to the office of the Comptroller of Baltimore, or should no other person be in attendance upon the mother, immediately after the birth of a child, or the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and without the attendance of a physician or midwife, to comply with the provisions of this section, shall be and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67939

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed [illegible]
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth.* August 22
4. *Place of Birth, (Street and Number)* 303 Scott St
5. *Full Name of Mother,* Alice Long
6. *Mother's Maiden Name,* Goodman
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Thomas Long
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Mary Morgan

Address, 412 Scott St

Remarks. 8950095510

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67940

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Aug. 22nd 1895
4. *Place of Birth, (Street and Number)* 806 Gough st.
5. *Full Name of Mother,* Augusta Finn
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Pat Finn
9. *Father's Occupation* Labour
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 S. Eutaw st.

Remarks,

8 7 5 0 0 0 5 5 1 1

shall schedule shall be delivered, mailed to the office of the Commissioner of Health. In case the birth of any child shall occur without the city limits, the person required by law to report such birth shall be entitled to receive the third day of each and every month, or other period as may be required by the rules of the Board of Health, a fee of twenty cents for each such schedule so returned. If such birth occurs in the presence of a physician or practioner of midwifery, or other person, in the city, the mother, immediately thereafter, if able, and within the period above required, and in case of her inability, within twenty-four hours, and within the period above required, and in case of her inability, within twenty-four hours, the physician or practioner of midwifery, or other person, shall be required to report the birth to the Commissioner of Health, and any such person who shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 67941

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 22nd August 1895
4. Place of Birth, (Street and Number) 237 Wayne St
5. Full Name of Mother, Mary Eliza Turner
6. Mother's Maiden Name, " " Jones
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Samuel Turner
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8 9 5 0 0 0 5 5 1 2

said schedule shall be delivered, duly signed by the person so as aforesaid, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in third day of each and every month, to the Commissioner of Health, a schedule of such birth, signed by the person or persons so shall occur within the mother, immediately thereafter it shall become the duty of the person above required, and children born in the preceding month, with the particulars required by the schedule above required, and any such person or persons who shall be required to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 67942

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 22 N August
4. *Place of Birth, (Street and Number)* 119 East St
5. *Full Name of Mother,* [illegible]
6. *Mother's Maiden Name,* [illegible]
7. *Mother's Birthplace,* [illegible]
8. *Full Name of Father,* L. Wolfrich
9. *Father's Occupation* [illegible]
10. *Father's Birthplace,* 605 W Lanvale

Name of Medical Attendant, or other person who makes this Return, Catherine Munch

Address, 800 Eaden hall St

Remarks,

8 9 5 0 0 0 5 5 1 3

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] day of each and every month to the office of the Commissioner of Health [illegible] shall occur within the city, the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, then the person in charge of the premises where such birth shall occur, shall become the duty of the person or persons in any such case, the person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67943

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 22/95
4. Place of Birth, (Street and Number) 2031 Bank Str.
5. Full Name of Mother, Mary R. Mackert
6. Mother's Maiden Name, Dodson
7. Mother's Birthplace, Balto.
8. Full Name of Father, John Mackert
9. Father's Occupation Potter
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Wm. Deisenhofer

Address, 2225 Gough Str.

Remarks,

8 9 5 0 0 0 5 5 1 4

Wm. J. C. Dulany Co., City Printers and Stationers.

Sec. 8. Be it further enacted, that every month to the office of the Commissioner of Health, it shall be the duty of every person who shall be in attendance as a physician or midwife, or shall be the parent or parents of any child born within the city of Baltimore, to report the birth of such child, with the name and residence of the parent or parents of such child, and the time and place of birth, to the Commissioner of Health, in the manner and within the period above required, and shall receive upon the mother, immediately after the birth, a certificate of such report, which certificate shall be sufficient evidence of the birth of such child to report its birth to the Council hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable; any such person or persons who shall neglect or refuse to report the birth of any child, shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67944

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Aug 22nd 1895

4. *Place of Birth, (Street and Number)* 1107 Patterson Ave

5. *Full Name of Mother,* Ella Ulm

6. *Mother's Maiden Name,* Coates

7. *Mother's Birthplace,* Balto

8. *Full Name of Father,* George Ulm

9. *Father's Occupation* Merchant

10. *Father's Birthplace.* Balto

Name of Medical Attendant, or other person who makes this Return, Chas E. Sadtler

Address, 1839 Bolton St

Remarks, 8950005515

[illegible] said schedule shall be delivered, duly signed by the practitioner in the form of a certificate [illegible] of any child third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 67945

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Aug 22. 1895
4. *Place of Birth, (Street and Number)* 26. N. Caroline st
5. *Full Name of Mother,* Annie Levin
6. *Mother's Maiden Name,* Silph
7. *Mother's Birthplace,* Poland
8. *Full Name of Father,* Jacob Levin
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Poland

Name of Medical Attendant, or other person who makes this Return. Rose Ullrig

Address, 1302 E. Lexington st

Remarks, 1 6 9 5 0 0 0 5 5 1 6

said schedule shall be delivered, duly signed by the practitioner in charge of the case, at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above prescribed, under any such person or persons who shall thereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and

RETURN OF A BIRTH. 67 946

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth. August 22, 1896.
4. Place of Birth. (Street and Number) 509 Fifth ave.
5. Full Name of Mother, Sarah Virginia Collider.
6. Mother's Maiden Name, Boring.
7. Mother's Birthplace, Md.
8. Full Name of Father, William D. Collider.
9. Father's Occupation Laborer.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return. Charles Mitchell M.D.

Address, 291 Chestnut ave.

Remarks. 8 9 5 0 0 0 5 5 1 7

Wm. J. C. Dulany Co., City Printers and Stationers.

Any midwife shall be delivered, duly signed by the practitioner at the birth, to the City Commissioner of Health. Income the birth of any child shall be delivered, duly signed by the practitioner at the birth, to the City Commissioner of Health. Income the birth of any child and every month to the office of the Commissioner of Health, or shall no other person be in attendance upon the mother, or practioner of midwifery, of the person or parents of such child, or of the house in which such birth occurred, shall within the period above required, and without the attendance of any midwife, or practitioner, shall become aware of such birth, or within the period above required, shall be in attendance upon the mother, shall be required to report to the Commissioner of Health, in writing, the particulars of such birth, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67947

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug. 22nd 1895
4. Place of Birth, (Street and Number) 131 Gough st.
5. Full Name of Mother, Mary A. Maynes
6. Mother's Maiden Name, " " Hart
7. Mother's Birthplace, Pensylvania
8. Full Name of Father, John A. Maynes
9. Father's Occupation, Laborer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. E. B. Fenby, M.D.

Address, 1219 N. Caroline st

Remarks,

1895000551 8

Wm. J. C. Dulany Co., City Printers and Stationers.

Every day of neglect on and every month of the office of the Commissioner of Health, or shall no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child or children, within the period above required, and shall cause such person or persons who shall be called to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67948

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Aug 22 — 1895
4. Place of Birth, (Street and Number) 27 N. Central Ave
5. Full Name of Mother, Annie Patschki
6. Mother's Maiden Name, Schoenberg
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Patschki
9. Father's Occupation Tailor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this return. Mary Stein

Address, 1497 E. Fort St.

Remarks, 8 7 5 0 0 0 5 5 1 9

said schedule shall be delivered by such person to the Commissioner of Health. In case the birth of any child shall occur within one month to the office of the Commissioner of Health. Should no other person be in attendance upon the mother, immediately hereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or parents who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

67 949

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 22 August 1926
4. Place of Birth, (Street and Number) 2216 Brendall av
5. Full Name of Mother, Annie Young
6. Mother's Maiden Name, Annie Roberts
7. Mother's Birthplace, Va Va
8. Full Name of Father, Eugene Shore
9. Father's Occupation Superintendent
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs E L Brooks

Address, 1828 Pratt av

Remarks, Home Well

8 9 5 0 0 0 5 5 2 0

said schedule shall be delivered, duly signed, at the Registrar's office of the Commissioner of Health. In case the birth of any child shall occur without the city, the schedule shall be delivered, duly signed, at the office of the County of midwifery, or the person or parents of such child, and every month after, if a physician or midwife, or other person or parents of such child, shall become the city, or other place within the period above recited, and shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

SEC. 1. Be it ordained by the Mayor and City Council of Baltimore, That from and after the passage of this ordinance, in case a child born in this City shall die without medical attendance, or should no other person be in attendance upon the mother, the person who shall be the first to have knowledge of such death, shall within twenty-four hours after such knowledge, report the same to the Commissioner of Health, in the manner and within the period above required, and shall report the birth of such child, in the manner and within the period above required, and shall be the person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67950

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 22 1895
4. *Place of Birth, (Street and Number)* 137 Warren Ave
5. *Full Name of Mother,* Burnette Gertz
6. *Mother's Maiden Name,* Gibertsall
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Frederick Hertz
9. *Father's Occupation* Barkeeper
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, Mrs E. A. Brooks

Address, 1528 Light St

Remarks, Born Well

8 9 5 0 0 0 5 5 2 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67951

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 23 August 1895
4. *Place of Birth, (Street and Number)* 120 Gough St
5. *Full Name of Mother,* Johannah Glasser
6. *Mother's Maiden Name,* Frauent
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Jacob Glasser
9. *Father's Occupation* Wire Reiser
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. E. Coleman

Address, 72 Albemarle

Remarks.

Wm. J. C. Dulany Co., City Printers and Stationers.

8950005.522

RETURN OF A BIRTH. 67952

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case
shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 6 child
1. *Sex,* (*state whether male or female*) Male
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* August 23
4. *Place of Birth,* (*Street and Number*) 928 Bevan st
5. *Full Name of Mother,* Lena Zilty
6. *Mother's Maiden Name,* " Bumberg
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Zilty
9. *Father's Occupation* Germany Labor
10. *Father's Birthplace,* ~~Labor~~ Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Bange
Address, 711 N Bond st
Remarks,

8 9 5 0 0 0 5 5 2 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67 953

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 23 rd 95
4. Place of Birth, (Street and Number) 1406 McCulloh St
5. Full Name of Mother, Helen Lamphemer
6. Mother's Maiden Name, Goldmare
7. Mother's Birthplace, Balto
8. Full Name of Father, Horace E Lamphemer
9. Father's Occupation, Metal Dealer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this return, S. H. Schmer M. D.

Address, 1501 E Eager St.

Remarks, 8950005524

third day of each and every month, or in the absence or sickness of the physician or midwifery, or above, to other part of the city, the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67954

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 23 August 1895
4. Place of Birth, (Street and Number) 310 E. Monroe st
5. Full Name of Mother, Sarah E. O'Hara
6. Mother's Maiden Name, Cockeran
7. Mother's Birthplace, Balto
8. Full Name of Father, Dennis O'Hara
9. Father's Occupation Iron Molder
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Wm. E. K. Brooks

Address, 1808 Eutaw st

Remarks, Living Well

8 9 5 0 0 0 5 5 2 5

said schedule shall be given, duly signed by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately upon the birth of such child to report it to the Commissioner of Health, in the manner and within the period above prescribed, such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

said section shall be paid to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately report such birth to the Commissioner of Health, in the manner and within the period above specified, such child to report its birth to the Commissioner of Health, in the manner and within the period above specified, such person or persons so shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 12-9-57

RETURN OF A BIRTH. 67955

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) Anna Clara ~~Briscoe~~

1. *Sex*, (*state whether male or female*) Female
2. *Race or Color*, (*if not of the white race*)
3. *Date of Birth*, Aug. 23, 1895
4. *Place of Birth*, (*Street and Number*) 1505 E. Fayette st
5. *Full Name of Mother*, Jennie Briscoe
6. *Mother's Maiden Name*, West
7. *Mother's Birthplace*, Balto
8. *Full Name of Father*, Samuel Briscoe
9. *Father's Occupation* Printer
10. *Father's Birthplace*, Balto

Name of Medical Attendant, or other person who makes this Return. Ross Ulrig

Address, 1302 E. Lexington st

Remarks, 8950005526

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67956

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. *Sex, (state whether male or female)* Boy.
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 23. August.
4. *Place of Birth, (Street and Number)* N. 1601. Clifton. Place.
5. *Full Name of Mother,* Kate Young.
6. *Mother's Maiden Name,* Kate Burman.
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* John Young.
9. *Father's Occupation* Saloon Keeper.
10. *Father's Birthplace.* Baltimore.

Name of Medical Attendant, or other person who makes this Return, Mary Ross.

Address, N. 9. Wolfe street,

Remarks,

8 9 5 U 0 0 5 5 2 7

Sec. 5. Be it further enacted, that it shall be the duty of the Commissioner of Health, in case the birth of any child shall occur within the city of Baltimore without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance when the mother immediately thereafter, it shall become the duty of the person or persons in attendance upon the mother, immediately after the birth, to report such birth to the Commissioner of Health, within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67 957

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race)
3. Date of Birth, August 29/1895
4. Place of Birth, (Street and Number) 1417 Patapsco Ave.
5. Full Name of Mother, Ella T. Jenkins.
6. Mother's Maiden Name, " " Bradley.
7. Mother's Birthplace, Balto City, Md.
8. Full Name of Father, William H. Jenkins.
9. Father's Occupation Meats.
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, R. J. V. Tall, M.D.

Address, 524 Sharp St.

Remarks, 1895 0005528

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 8-22-57

RETURN OF A BIRTH. 67958

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Mildred Ethel ~~Raithers~~ 0

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) with
3. Date of Birth, August 23. 1895.
4. Place of Birth, (Street and Number) 1731 Eastern Ave
5. Full Name of Mother, Emma Raither
6. Mother's Maiden Name, — — Rosenick
7. Mother's Birthplace, from Baltimore
8. Full Name of Father. John Raither
9. Father's Occupation Stivedor
10. Father's Birthplace, from Baltimore

Name of Medical Attendant, or other person who makes this Return. H. Koom Midwife

Address. 1922 E Payette Street

Remarks.

1 8 9 5 0 0 0 5 5 2 9

third day of each and every month to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, and no other person be in any case without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, the Commissioner of Health, in the manner and within the period above required, and shall cause such person to be duly sworn, shall forthwith report the particulars of such birth, and shall report to the Board of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67959

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first
1. Sex, (state whether male or female) Boy female
2. Race or Color, (if not of the white race) with
3. Date of Birth. 23 August 1895
4. Place of Birth, (Street and Number) 36 S. Regester Street
5. Full Name of Mother, Anna Geisler
6. Mother's Maiden Name, Sturm
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Louis Geisler
9. Father's Occupation Tailor
10. Father's Birthplace, Baltimore
Name of Medical Attendant, or other person who makes this Return, H Kron Mitwife
Address. 1922 E. Peyette Street
Remarks. '895000 5530

third day of each and every month [illegible]
shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67960

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Color
3. Date of Birth, 23 August 1923
4. Place of Birth, (Street and Number) 912 Whatcoat St.
5. Full Name of Mother, Anna Forte
6. Mother's Maiden Name, Anna Luden
7. Mother's Birthplace, City
8. Full Name of Father, Gabriel
9. Father's Occupation City
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

1 8 9 5 0 0 0 5 5 3 1

Any medical man or other person who shall neglect to give notice to the Commissioner of Health, or shall cause or permit any other person to be in attendance upon the birth of a child, shall forfeit and pay the sum of five dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67961

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether ~~male~~ or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, 23 August
4. Place of Birth, (Street and Number) 83 E Fleur Warner St
5. Full Name of Mother, Rosa Wildman
6. Mother's Maiden Name, Rosa Vogel
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry J. McOman
9. Father's Occupation Packer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Catherine Wunch

Address, 8 Gladenhall St

Remarks,

8950005532

Wm. J. C. Dulany Co., City Printers and Stationers.

Third day of each and every month to be a violation of midwifery, or should no other person be in attendance, the attendance of a physician or practitioner of midwifery, of the person or parents of such child, shall occur upon the mother, immediately after it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and shall report the birth to the Commissioner of Health, in the manner above required, and shall comply with the provisions of this section shall, upon any such person or persons so offending, be subject to the penalties and forfeitures are recoverable, jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67962

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 23 Day August
4. Place of Birth, (Street and Number) 2823 East Fayette St Balto
5. Full Name of Mother, Mrs Clara Virginia Schafer
6. Mother's Maiden Name, Mrs Clara Virginia Riley
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Mr Barry Conrad Schafer
9. Father's Occupation Painter
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs L. Magness

Address, 2805 E Fayette St

Remarks, 1895 0005533

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of healing, the mother, or other person in charge, shall attend upon the mother, immediately after the birth, and within twenty-four hours after the birth of the child, report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67963

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, August 23 1895
4. Place of Birth, (Street and Number) No. 2 Eager St
5. Full Name of Mother, Mary Tarum
6. Mother's Maiden Name, Mary Klutt
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Louis Tarum
9. Father's Occupation Butcher
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address.

Remarks.

1 8 9 5 0 0 0 5 5 3 4

Section 1. Be it enacted by the Commissioner of Health, in the event that any parent of any child shall fail to report its birth to the Commissioner of Health, in the manner and within the time prescribed by this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67964

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 23rd Aug
4. *Place of Birth, (Street and Number)* 22 n Chappel st
5. *Full Name of Mother,* Katie Schwartzkopf
6. *Mother's Maiden Name,* " Kreager
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* John Schwartzkopf
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Julia Groome

Address, 944 N Gay st

Remarks,

1 8 9 5 0 0 0 5 5 3 5

said schedule shall be delivered, duly signed by the prescribed affidavit, to the person in charge of the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person so in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and upon such report the person so reporting shall be furnished with a form of affidavit, which shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67965

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug. 28. 1895

4. Place of Birth, (Street and Number) 112 Hartford Road

5. Full Name of Mother, Josefine Heil

6. Mother's Maiden Name, " Wagner

7. Mother's Birthplace, Balto.

8. Full Name of Father, Edward Heil

9. Father's Occupation Clerk

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. C. L. Burdenloh

Address, 418 S. Paca St.

Remarks, 6750005536

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be delivered, with the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or shall no other person be in attendance upon the mother, the duty of the person or parents of such child to report the birth to the Commissioner of Health within the period above specified, and in such manner and within the period above specified shall be sufficient to comply with the provisions of this section. Whoever shall fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

third day of each [illegible] shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67966

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race)

3. Date of Birth, Aug 23 1905

4. Place of Birth, (Street and Number) 626 Mount st

5. Full Name of Mother, Elyzebeth Mccormack

6. Mother's Maiden Name, Williams

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Charles Maccormack

9. Father's Occupation, Salesman

10. Father's Birthplace, New jersy

Name of Medical Attendant, or other person who makes this Return, Mary A Allwell

Address, 1438 N Bond st

Remarks, 8950005537

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67 967

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 23d 1895.
4. Place of Birth, (Street and Number) 2321 Madison Ave.
5. Full Name of Mother, Julia V. Tucker.
6. Mother's Maiden Name, Julia V. Cummings.
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Leo Briscoe Tucker.
9. Father's Occupation Book-keeper.
10. Father's Birthplace, Richmond Va.

Name of Medical Attendant, or other person who makes this Return, Arthur T. Pennington M.D.

Address, 1716 Linden Ave.

Remarks,

1 8 9 5 0 0 0 5 5 3 8

said schedule shall be given every month to the office of the Commissioner of Health. In case the birth shall not be reported by the third day of each month the attendance of a physician or midwifery, or should no other person be in attendance, upon the mother, immediately preceding the period when the person shall become the duty of the person or persons of such shall occur within the time required, and within the period of such birth, in the manner and within the time required, and any such person or persons who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Co [illegible] of midwifery, or should no other person be in
shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67968

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7
1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* august the 23. 18:99
4. *Place of Birth, (Street and Number)* vinsent Plac 2.27
5. *Full Name of Mother,* nelley ahern
6. *Mother's Maiden Name,* nelley fitzgibbon
7. *Mother's Birthplace,* ireland
8. *Full Name of Father,* Jeremiah ahern
9. *Father's Occupation* lobrer
10. *Father's Birthplace,* ireland

Name of Medical Attendant, or other person who makes this Return, Mrs S Kelley

Address, No 19.22 Wilkins Ave

Remarks,

895U005539

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67 969

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Aug. 23rd 95
4. Place of Birth, (Street and Number) J. Eutaw st.
5. Full Name of Mother, Jetta Lichtenstein
6. Mother's Maiden Name,
7. Mother's Birthplace, Europe
8. Full Name of Father, Joseph Lichtenstein
9. Father's Occupation Laborer
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return? Mrs. C. Bernstein

Address, 122 S. Eutaw st.

Remarks, 1 8 9 5 0 0 0 5 5 4 0

Chas. C. Dulany Co., City Printers and Stationers.

Within ten days of each and every month to the office of the Commissioner of Health, it shall be the duty of every physician, midwife, or other person who shall have attended at the birth of a child, to make a return of such birth, in the manner and within the period above required, and shall occur without the attendance of a physician or midwife, it shall be the duty of the person or persons present at such birth, immediately thereafter, to make a return of such birth, in the manner and within the period above required, and attendance upon the birth, to the Commissioner of Health, in the manner and within the period above required, and upon failure of any such person to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67970

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) wht
3. Date of Birth, Aug. 23. 1895
4. Place of Birth, (Street and Number) 330. E. Lafayette ave
5. Full Name of Mother, Ella M Zimmerman
6. Mother's Maiden Name, " " Gawthrop
7. Mother's Birthplace, Md.
8. Full Name of Father, O. L. Zimmerman
9. Father's Occupation locomotive engineer
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, G Lane Tanneyhill

Address, 1103 Madison ave

Remarks, Instruments and chloroform: contracted pelvis

8950005541

shall be liable to a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67971

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Black
3. Date of Birth, 23rd August 1895
4. Place of Birth, (Street and Number) 532½ Union St.
5. Full Name of Mother, Eliza Holliday
6. Mother's Maiden Name, Quickley
7. Mother's Birthplace, Balto Co.
8. Full Name of Father, Chas Holliday
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto Co.

Name of Medical Attendant, or other person who makes this Return. J. W. Keown AB M.D

Address, Maryland Lying in Hospital Linden Ave

Remarks, 1 8 9 5 0 0 0 5 5 4 2

Wm J C Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practitioner on the part of the person or parents of such child, it shall be the duty of the person or parents of such child to report its birth hereafter in writing within the period above specified, and upon the mother, immediately after the birth, to notify the Commissioner of Health, in the manner and form as aforesaid, of such birth, and any such person or parents who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67972

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Aug. 24th 1895

4. Place of Birth, (Street and Number) 2043 Fairmount Ave

5. Full Name of Mother, Elizabeth Drake Riley Grape.

6. Mother's Maiden Name,

7. Mother's Birthplace, City

8. Full Name of Father, Washington Heard Riley

9. Father's Occupation Clerk

10. Father's Birthplace, City.

Name of Medical Attendant, or other person who makes this Return, E. L. Crouse M.D.

Address, 1835 E. Baltimore St.

Remarks,

8950005543

said schedule shall be delivered, duly to the office of the Commissioner of Health. In case the birth of any child shall occur without the city, immediately upon the expiration of the period above required, and each day of each and every month after, a physician or midwife, or the person or parents of such child, or person or persons who shall have charge of the mother or child, within the period above required, and who shall neglect or refuse to comply with the provisions of this section, shall be subjected to a penalty of five dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67973

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 d.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, August 24. (11 & 15 P. M.)
4. Place of Birth, (Street and Number) 29 Lalouprtect.
5. Full Name of Mother, Mary Urdutch.
6. Mother's Maiden Name, Auer,
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Joseph Johse Urdutch,
9. Father's Occupation, Marbelworker,
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Kann, for the

Address, Mothers Relief Society, 632. N. Fremont Ave.

Remarks, 8950005544

Wm J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practitioner of midwifery, the mother or parents of such child shall become the duty of the person above required, and shall immediately thereafter, in the manner and within the period above required, and attendance, report its birth to the Commissioner of Health, in the manner and within the period above required, and report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67974

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 24/95
4. Place of Birth, (Street and Number) 1915 Fulton av
5. Full Name of Mother, Kate Shilling
6. Mother's Maiden Name, Kate Mehner
7. Mother's Birthplace, Balto
8. Full Name of Father, Edward Shilling
9. Father's Occupation, Wheelwright
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, A C Pole

Address, 2028 Madison av

Remarks, 8950005545

third day of each and every month in the year, the attendant at childbirth or physician or practitioner of midwifery or should no other person be in attendance upon the mother, then the person in charge of the place of birth, or the person or persons of such child or children born in any house or place, shall make or cause to be made a return of such birth to the Commissioner of Health, who shall be empowered and within the period above required and shall occur without the attendance of a physician or practitioner of midwifery or should no other person be in shall immediately thereafter it shall become and is the duty of the person or parents of such any such person or persons, who shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

67975

RETURN OF A BIRTH.

GIVEN NAME ADDED 11-9-60

To the Office of Registrar of ~~Vital~~ Statistics, Board of Health, Baltimore City.

Name: Wilmer Edward Peacock 6th

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth. Aug 24th 1895
4. Place of Birth, (Street and Number) 902 Wolfe Str
5. Full Name of Mother, Ida Peacock
6. Mother's Maiden Name, Whitley
7. Mother's Birthplace, Balti.
8. Full Name of Father, Frank Peacock
9. Father's Occupation. work at C B & O. yard
10. Father's Birthplace, Balti.

Name of Medical Attendant, or other person who makes this Return, Mrs. L. Gross.

Address, No. 1907 E Monument Str.

Remarks, 8950005546

Any person who shall neglect to report his birth to the Commissioner of Health, in the manner prescribed, and any such person or persons who shall hereafter fail to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67976

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3te

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 24. of August 1895.
4. Place of Birth, (Street and Number) 209 N. Castle St.
5. Full Name of Mother, Elisabeth Rodmann
6. Mother's Maiden Name, Elisabeth Potcer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Johann Rodmann
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Ida Hille

Address, 207 N. Castle St.

Remarks, 8950005547

Sec. 1. Be it ordained by the Mayor and City Council of Baltimore, That from and after the passage of this ordinance, it shall be the duty of a physician or practitioner of medicine, or a midwife, or other person who shall have attended upon the mother, immediately thereafter, or in the absence of such physician, practitioner of medicine, or midwife, or other person, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67977

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 24th 1895
4. Place of Birth, (Street and Number) 1310 E. Monument St
5. Full Name of Mother, Doris Carlton Hutton
6. Mother's Maiden Name, Washington C. Md
7. Mother's Birthplace, Wm Carlton
8. Full Name of Father, Clerk
9. Father's Occupation Balto
10. Father's Birthplace, M. B. Billingsley

Name of Medical Attendant, or other person who makes this Return, 1306 E. Preston St

Address,

Remarks, 1 6 9 5 0 0 0 5 5 4 8

third day of each and every month to the office of the Commissioner of Health, under the penalty of ten dollars for each offence; and if any person or persons shall neglect or refuse to make such return, or shall make a false return, or shall omit to make such return within the period above required, and shall occur without the attendance of a physician, or practitioner of midwifery, or should no other person be in attendance upon the mother, then and in every such case the person or persons so offending shall forfeit and pay the sum of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable. All fines when collected shall be paid to the Commissioner of Health, in the manner provided by ordinance. Any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67928

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Aug. 24 — 1895
4. Place of Birth, (Street and Number) 715 Forest St.
5. Full Name of Mother, Mary Enright Quinn
6. Mother's Maiden Name,
7. Mother's Birthplace, Wilmington Del.
8. Full Name of Father, Henry Enright
9. Father's Occupation Copper-smith
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 427 E. Pratt St.

Remarks,

1 8 9 5 0 0 0 5 5 4 9

third day of each and every month, or if a physician or practitioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, it shall become the duty of the person or parents of such attendance upon the birth, to make the return herein required, and shall be liable to a penalty of ten dollars, to be sued for and recovered in the name of the City of Baltimore, if such child to report, or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the Commissioner of Health, to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67 979

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 24 August 1875
4. *Place of Birth, (Street and Number)* 115 North Fremont Street
5. *Full Name of Mother,* Kattie Sebrease
6. *Mother's Maiden Name,* Kattie Fancher
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* George W. Sebrease
9. *Father's Occupation* Hatter
10. *Father's Birthplace,* Salisbury Wicomico Co. Md.

Name of Medical Attendant, or other person who makes this Return, Susan Hunter

Address, 23 N. Pepper alley St.

Remarks, 1875U005550

Third day of each and every month in the case of all births attended by a physician or practioner of midwifery, or should no other person be in attendance upon the mother, then the mother or the person or parents of such child shall report the birth to the Commissioner of Health, in the manner and within the period above required, and shall report in writing, and shall be sworn to, if the Commissioner of Health shall require it, the particulars required of such child to report, in the form prescribed by the Commissioner of Health, to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67990

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 th

1. Sex, (state whether ~~male or~~ female)
2. ~~Race or Color, (if not of the~~ white race)
3. Date of Birth, 24 Aug
4. Place of Birth, (Street and Number) 914 Light St
5. Full Name of Mother, Ane B. Lassahn
6. Mother's Maiden Name, Hoffmann
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Ernst F. Lassahn
9. Father's Occupation Grocer
10. Father's Birthplace, Baltimore County and

Name of Medical Attendant, or other person who makes this Return, Cathrine Wunch

Address, 50 Meadowbrook St

Remarks,

8950005551

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67 982

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug. 24th 1895
4. Place of Birth, (Street and Number) 211 Guilford Ave.
5. Full Name of Mother, Mrs John H. Mulholland
6. Mother's Maiden Name, Mattie Brodin
7. Mother's Birthplace, North Carolina
8. Full Name of Father, John H. Mulholland
9. Father's Occupation, Agent
10. Father's Birthplace, Toronto Canada

Name of Medical Attendant, or other person who makes this Return. J. A. Barnard

Address, 211 St. Paul St

Remarks,

6 9 5 0 0 0 5 5 5 2

third day of each and every month to be [illegible] or should no other person [illegible] each [illegible] or practitioner of midwifery, or [illegible] the duty of the person or parents of such child to report its birth, shall be under the [illegible] and within the period above [illegible] and shall cease upon the mother, [illegible] Commissioner of Health, to comply with the provisions of this section shall be subject to report its birth [illegible] persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

SM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 67983

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug. 24th 1895
4. Place of Birth, (Street and Number) 2436 N. Charles St.
5. Full Name of Mother, Mrs. Leon Thurston
6. Mother's Maiden Name, Miss Lottie W. Bapty
7. Mother's Birthplace, Richmond Va.
8. Full Name of Father, Leon Thurston
9. Father's Occupation, Student
10. Father's Birthplace, Richmond Va

Name of Medical Attendant, or other person who makes this Return. J. S. Barnard M.d.

Address, 2111 St. Paul St.

Remarks,

8750055553

ESE. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 67984

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.), 1st Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 24 August 1895
4. *Place of Birth, (Street and Number)* 45 W. West St
5. *Full Name of Mother,* Mary Ries
6. *Mother's Maiden Name,* Brady
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Aegidius Ries
9. *Father's Occupation* Ice Cart Driver
10. *Father's Birthplace,* Oxford Md

Name of Medical Attendant, or other person who makes this Return, Wm. E. Lee Lee

Address, Bonaparte Mill

Remarks,

1895 00 05554

Wm. J. C. Dulany Co., City Printers and Stationers.

Each and every month to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, a physician or practioner of midwifery, or should no other person be in attendance upon the birth, the person or parents of such child to report in writing to the Commissioner of Health, the birth of such child, which report shall be made within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

67985

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (*state whether* ~~1st, 2d~~, 3d, ~~&c.~~)

1. *Sex* (*state whether* ~~*Male or*~~ *Female*)
2. *Race or Color* (*if not of the white race*)
3. *Date of Birth* August 24/95
4. *Place of Birth* (*Street and Number*) 2229 Guilford Av
5. *Full Name of Mother* Aline Walker Hinds
6. *Mother's Maiden Name* Aline Walker
7. *Mother's Birthplace* Middlesex Co Va
8. *Full Name of Father* Isaac Hinds
9. *Father's Occupation* Salesman (Cloth)
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this return — Jas Paden M.D.

Address 2105 Calvert St

Remarks

1 8 9 5 0 0 0 5 5 5 5

within six days thereafter, stating distinctly the date of birth, sex, and color of the child, the number of children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 67986

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 24th of August 95
4. Place of Birth, (Street and Number) 2018 Christian St.
5. Full Name of Mother, Ida Steinreich
6. Mother's Maiden Name, Ida Fischer
7. Mother's Birthplace, Poles
8. Full Name of Father, Henry Steinreich
9. Father's Occupation Tinner
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return, Friedericke Keuler Midwife

Address, 2116 W Pratt St

Remarks,

6 7 5 0 0 0 5 5 5 6

third day of each and every month to the Board of Health, or should no other person be in shall occur upon the mother, commissioner of Health, in the manner and within the time required, and child to report its birth to the Board of Health, in the manner and within the time in this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67957

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 24 August 1899
4. Place of Birth, (Street and Number) 205 N. Highly
5. Full Name of Mother, Rachel Hass
6. Mother's Maiden Name, Kartom
7. Mother's Birthplace, Russia
8. Full Name of Father, Zwulian Hass
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. Sherman

Address, 42 Albemarle St

Remarks,

8950005557

Wm. J. C. Dulany Co., City Printers and Stationers.

Blank day of each and every month to the office of the Commissioner of Health, in City, or to other place be in shall occur without the attendance of a physician, or practitioner of midwifery, or should no one of the parents of such child to report it, then the Commissioner of Health, in the manner with the provisions of this section shall be sub- any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- ject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67988

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Child

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 24 of august, 1895
4. *Place of Birth, (Street and Number)* No 322 South Wagner
5. *Full Name of Mother,* Lotty Reuter
6. *Mother's Maiden Name,* Kaerson germany
7. *Mother's Birthplace,* George A Roman
8. *Full Name of Father,* George Carpenter
9. *Father's Occupation,* Barber germany
10. *Father's Birthplace,* Mary G Lemon

Name of Medical Attendant, or other person who makes this Return, ~~[illegible]~~

Address, No 1313 west Baltimore St

Remarks, May Mat No

18 95 00 55 58

shall occur without the attendance of a physician or practitioner of midwifery, it shall become the duty of the person or parents of such child to report its birth, in the manner and with the particulars required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67989

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 24 August 1895
4. Place of Birth, (Street and Number) Gay str 1736
5. Full Name of Mother, Minnie Noark
6. Mother's Maiden Name, Minnie Lerrom
7. Mother's Birthplace, Germany
8. Full Name of Father, Joe Noark
9. Father's Occupation Hosler
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Albany Elias.

Address, Hopkins Ave 1625

Remarks, 1899

8 9 5 0 0 0 5 5 5 9

said schedule shall be delivered duly signed by the practitioner or other person who makes the birth of any child known to him, in the office of the Commissioner of Health, or should no other person be in attendance at the birth of a child, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above prescribed, and shall occur within the mother, immediately thereafter, in the manner and within the period above prescribed, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67990

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VI

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug. 24/95.
4. Place of Birth, (Street and Number) 2526 Alice Ann Str.
5. Full Name of Mother, Emilie Votel
6. Mother's Maiden Name, " Rohde
7. Mother's Birthplace, Germany
8. Full Name of Father, Otto Votel
9. Father's Occupation Carpenter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Leinenhofer

Address, 2225 Gough Str.

Remarks.

8950005560

shall occur without the attendance of a physician or practitioner of medicine, or any other person, the parent or parents of such child shall report its birth to the Commissioner of Health, in the manner and within the period of time specified in the attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such preceding section, and failure to comply with the provisions of this section shall be adjudged guilty of a misdemeanor, and upon conviction thereof, such person or persons who shall have offended shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67991

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 24th of August 95
4. Place of Birth, (Street and Number) 2127 Calvert Road
5. Full Name of Mother, Magdalina Wehrle
6. Mother's Maiden Name, Magdalina Gimpfer
7. Mother's Birthplace, Germany
8. Full Name of Father, August Wehrle
9. Father's Occupation Braumaster
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Friederike Keules Midwife

Address, 2116 N Pratt St

Remarks,

6950005561

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] day of each [illegible] of parturition or practioner of midwifery, or should no other person [illegible] shall occur without the attendance of a physician or practioner of midwifery, it shall become the duty of the person or parents of each child to report its birth to the Board of Health, in the manner and within the period of time specified, and attendance upon the mother, immediately after the birth, in the manner and within the period of time specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 107992

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female). Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 24/95.
4. Place of Birth, (Street and Number) Maternity 113+115 N. Lombard
5. Full Name of Mother, Mrs. Annie Smaschinsky.
6. Mother's Maiden Name, Annie Schulling
7. Mother's Birthplace, Germany
8. Full Name of Father, Frank Smaschinsky
9. Father's Occupation Farm-hand
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. John C. Brack M.D.

Address, 113+115 N. Lombard St.

Remarks, Father died in April/96. Mother has one miscarriage about 6 years ago.

8950005562

Wm. J. C. Dulany Co., City Printers and Stationers.

Any physician or practitioner of midwifery, or should no other person or person shall occur without the attendance of a physician or practitioner of midwifery, or should no other person or person attend upon the birth, the person so attending shall within the period above required and thereafter fail to make the return required by the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH 67993

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, 25 Aug.
4. Place of Birth, (Street and Number) 414 Fremont Ave
5. Full Name of Mother, Pauline Mash
6. Mother's Maiden Name, " " Ferciot
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Albert J. Mash
9. Father's Occupation, Blacksmith
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Kate H. Geiglein

Address, No. 805 Vine St.

Remarks, 8950005563

attendance upon the mother, [illegible] child to report its birth to the Commissioner of Health, in the manner and within the period above [illegible] any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH. 67994

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 7.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 25th Aug
4. *Place of Birth, (Street and Number)* 1321 Bolton st.
5. *Full Name of Mother,* Sadie Houston
6. *Mother's Maiden Name,* Sadie Mooney
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Samuel E. Houston
9. *Father's Occupation* Salesman
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Cunningham

Address,

Remarks, 8950005564

third day of each and every month to the office of registrar of vital statistics, or should no other person be in attendance upon the mother, immediately after the birth of such child, or should the person so in attendance fail to report the birth of such child to the registrar of vital statistics, in the manner and within the time specified in this section, such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

(over)

RETURN OF A BIRTH. 67995

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Catherine Delany

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, agust 25
4. Place of Birth, (Street and Number) Valley St 1023
5. Full Name of Mother, annie ~~delency~~ Delany
6. Mother's Maiden Name, annie Kelly
7. Mother's Birthplace, Balto
8. Full Name of Father, John ~~delency~~ Delany
9. Father's Occupation Molder
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Cunningham

Address,

Remarks, 8 9 5 0 0 0 5 5 6 5

third day of each and every month, to the Board of Health, or to such other person or persons as the Board of Health may direct, a true and correct return of every birth which shall occur without the attendance of a physician or practicner of midwifery, or shall be in attendance upon the mother of such child, or shall have charge of the person or parents of such child to procure the return of such birth, in manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67996

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth, 14 East 25th St. Aug. 25th 1895.

4. Place of Birth, (Street and Number)

5. Full Name of Mother, Anna J. Elsie Hutchinson

6. Mother's Maiden Name, Dodson

7. Mother's Birthplace, Baltimore, Md.

8. Full Name of Father, Day. H. Hutchinson

9. Father's Occupation Iron Merchant.

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, C. H. Christian M.D.

Address, 1811 Madison Ave.

Remarks,

6950 005566

day of each and every month to the office of the Board of Health, a return of midwifery, or should no other person be in
and occur without the attendance of a physician or practioner of midwifery, of the person or parents of such
attendance upon birth to the Commissioner of Health, in the manner and within the period above required, and
child born, or in the manner and within the period above required, and
any such person or persons who shall neglect or fail to comply with the provisions of this section, shall be, and
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City P

RETURN OF A BIRTH. 67997

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) James Melvin Bowen 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 25th 1895
4. Place of Birth, (Street and Number) 1715 Mosher St
5. Full Name of Mother, Susan Bayne Bowen
6. Mother's Maiden Name, " " Marchant
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Harry Melvin Bowen
9. Father's Occupation Butcher
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Dasil Gibbons M.D.

Address, 1102 W. Lafayette ave

Remarks,

8 9 5 0 0 0 5 5 6 7

Wm. J. C. Dulany Co., City Printers and Stationers.

Sec. 2. Shall every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 67998

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* August 25, 1895
4. *Place of Birth, (Street and Number)* 2131 O'Donnell St.
5. *Full Name of Mother,* Dora Crawbill
6. *Mother's Maiden Name,* Dora Brown
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Oliver Crawbill
9. *Father's Occupation* Sea-Captain
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mary L. Swayne

Address, 824 Canton St.

Remarks,

'8950005568

Any or each and every person or persons who shall be the attendant of a physician or practitioner of midwifery, or shall be no other person, who shall occur without the attendance of a physician or practitioner of midwifery, or shall be the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 67999

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race)
3. Date of Birth, Aug 25/95.
4. Place of Birth, (Street and Number) 2020 David Hill Ave.
5. Full Name of Mother, Annie H. Levy.
6. Mother's Maiden Name, Flaunlacker.
7. Mother's Birthplace, Balto.
8. Full Name of Father, Louis Levy
9. Father's Occupation Mach. & Fitting
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, J. H. Christian M.D.

Address,

Remarks,

8 7 5 0 0 0 5 5 6 9

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] day of each and [illegible] year of a physician or practitioner of midwifery, or shall no other person be in attendance upon the mother, the person in charge of the house, or the parents or parents of such child, shall cause the birth to be reported to the Registrar of Vital Statistics, in the City of Baltimore, and shall occur without the attendance of a physician or practitioner of midwifery, or shall no other person be in attendance upon the mother, the person in charge of the house, or the parents or parents of such child, shall cause the birth to be reported to the Registrar of Vital Statistics, in the City of Baltimore, and within the period above required, and shall neglect or fail to comply with the provisions of this section, shall be subject to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68000

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The third

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 25 of August
4. Place of Birth, (Street and Number) 612 Scott St
5. Full Name of Mother, Maggie Greason
6. Mother's Maiden Name, Maggie Schimpf
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George T Greason
9. Father's Occupation Tanner
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Monge

Address, 711 Frost st

Remarks, 8950005570

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68001

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) W.
3. Date of Birth, Aug 25, 1895
4. Place of Birth, (Street and Number) 1308 Patterson ave
5. Full Name of Mother, Mary L. Wareheim
6. Mother's Maiden Name, " " Riefenider
7. Mother's Birthplace, Balto. City.
8. Full Name of Father, Oliver D. Wareheim
9. Father's Occupation, Jeweller
10. Father's Birthplace, Carroll Co. Md.

Name of Medical Attendant, or other person who makes this Return, O. Edward Janney, M.D.

Address, 837 N. Eutaw St

Remarks, 8950005571

third day of each and every month to the office of the Commissioner of Health, in such form as may be in shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the birth, the mother or nurse shall within the period above required, and such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. BULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 68002

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug. 25th 1895.
4. *Place of Birth, (Street and Number)* 1215 McElderry st.
5. *Full Name of Mother,* E. Laraina Hart
6. *Mother's Maiden Name,* " " Grace
7. *Mother's Birthplace,* Philadelphia Pa
8. *Full Name of Father,* James L. Hart
9. *Father's Occupation,* Shoe maker
10. *Father's Birthplace,* Burlington N.J.

Name of Medical Attendant, or other person who makes this Return, E. B. Fenby, M.D.

Address, 1219 N. Caroline st.

Remarks,

8950005572

Wm. J. C. Dulany Co., City Printers and Stationers.

Sec. 2. Be it further enacted, that no person or practitioner of midwifery or any other person shall be allowed to attend upon the mother, immediately before or at the birth of a child, shall occur without the attendance of a physician or practitioner of midwifery or any other person shall be allowed to attend upon the mother, immediately before or at the birth of a child, become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68003

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White.
3. Date of Birth, 25th August 1895.
4. Place of Birth, (Street and Number) Boraung el. No 1019.
5. Full Name of Mother, Susanna Nitubitz
6. Mother's Maiden Name, " Lyach.
7. Mother's Birthplace, Russ Pollen.
8. Full Name of Father, Henry Nitubitz
9. Father's Occupation Leber.
10. Father's Birthplace, Russ Pollen

Name of Medical Attendant, or other person who makes this Return Lizzie Schaffler.

Address, E. Fort Ave. No 1708.

Remarks,

8950 0 0 5 5 7 3

shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child, or the nurse or other person in charge of such child, in the manner and within the period above recited, and upon the mother, immediately thereafter, in the manner and within the period above recited, shall be subject to report its birth to the Commissioner, and any such person or persons who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68004

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 25 1895
4. Place of Birth, (Street and Number) N Wolfort st 119
5. Full Name of Mother, Mary Benda
6. Mother's Maiden Name, Bolek
7. Mother's Birthplace, Bohemian
8. Full Name of Father, Charle Benda
9. Father's Occupation Labor
10. Father's Birthplace, Bohemian

Name of Medical Attendant, or other person who makes this Return, Mary Krapatis

Address, 200 Washington st

Remarks, 8950005574

Cut say or cause to be cut, or aid, abet or assist in the cut of a physician or practitioner of midwifery, or should no other person be in attendance, then the person or parent of such child, who shall be informed of the birth, shall become the cutter, or parent of such child, who shall report its birth to the Commissioner of Health, in the manner prescribed, and shall report upon the mother, Commissioner, or fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

68005

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 25 1895
4. Place of Birth, (Street and Number) 1114 N. Calhoun st
5. Full Name of Mother, Eliza A. Tobin
6. Mother's Maiden Name, Tyree
7. Mother's Birthplace, Conshohocken Pa
8. Full Name of Father, Thomas P. Tobin
9. Father's Occupation, Baker
10. Father's Birthplace, Conshohocken Pa

Name of Medical Attendant, or other person who makes this Return. E. M. Adee

Address, 622 N Carey st

Remarks, 1895005575

said certificate shall be delivered, and a duplicate of the same shall be kept by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or shall be attended by a physician or practitioner of midwifery, but no other person be in attendance upon the birth, the mother, if able, and within the period above specified, and if not able, then the person in charge of the house where the child was born, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable by and for the use of the City of Baltimore.

WM. J. O. SULARY DO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 68006

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug. 25th 95
4. *Place of Birth, (Street and Number)* 279 Rogers Ave.
5. *Full Name of Mother,* Annie Adler
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* David Adler
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

6 Y 5 0 0 0 5 5 7 6

third day of each and every month to the Registrar of Vital Statistics, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68007

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, august the 25. 1895
4. Place of Birth, (Street and Number) lemmon st No 1313
5. Full Name of Mother, Susan Ellen dickson
6. Mother's Maiden Name, Susan Ellen morgan
7. Mother's Birthplace, washington EC Md
8. Full Name of Father, none dickson
9. Father's Occupation labor
10. Father's Birthplace, Boonsburrer Md

Name of Medical Attendant, or other person who makes this Return, Mrs S Selby

Address, No 19-22 Wilkins Ave

Remarks, 8 9 5 0 0 0 5 5 7 7

third day of each and every month to the office of the Commissioner of Health, there no other person be in attendance at a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth of any child, with the exception of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68008

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Aug 25. 1895
4. Place of Birth, (Street and Number) 528 Biddle Alley
5. Full Name of Mother, Mary Smith
6. Mother's Maiden Name, Mary Brooks
7. Mother's Birthplace, Md.
8. Full Name of Father, John Smith
9. Father's Occupation, Huckster
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, Louis Eaton M. D. Res Phys.

Address, Maternity Woman's Med. College 410 W. Hoffman St.

Remarks, 8950005578

Shall occur within the City of Baltimore, it shall become the duty of the person or parents of such child to report such birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter it shall become the duty of the person in charge of such case, or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68009

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male - Bernard Howard Jacobson
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 25 Aug. 1895
4. *Place of Birth, (Street and Number)* 909 E. Baltimore St.
5. *Full Name of Mother,* Gertie Jacobson
6. *Mother's Maiden Name,* Wainkrantz
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* William David Jacobson
9. *Father's Occupation* Storekeeper
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, E. Sherman

Address, 72 Albemarle St.

Remarks, Full name of child added by father upon applying for a transcript. Wm D. Jacobson Father D.E. Wehn - Reg. May 16 - 1934

third day of each and every month to the office of the Commissioner of Health. ... shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8950000555/19

GIVEN NAME ADDED - 10/5/10

RETURN OF A BIRTH. 68010

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: ANN ~~ELIZABETH~~ CONNELLY

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th female

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* august 26, 1895
4. *Place of Birth, (Street and Number)* 902 Greenmount ave
5. *Full Name of Mother,* Norah Connelly
6. *Mother's Maiden Name,* Norah Ryan
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Edward John Connelly
9. *Father's Occupation* Moulder
10. *Father's Birthplace,* Baltimore County

Name of Medical Attendant, or other person who makes this Return, Mrs Cuming Sparr midwife

Address,

Remarks,

8 9 5 0 0 0 5 5 8 0

third day of each and every month to the office of the Commissioner of Health. In case he is not in the city, shall occur without the city, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68011

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 26 1896
4. Place of Birth, (Street and Number) 109 Munford Ave
5. Full Name of Mother, Louisa Wilhelm
6. Mother's Maiden Name, Hinkel
7. Mother's Birthplace, Balto
8. Full Name of Father, Howard Wilhelm
9. Father's Occupation Tailor
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, M. B. Billingslea

Address, 1206 E. Preston St

Remarks, 8950005581

third day of each and every month to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, a certificate of the birth of each child born within such month, if such birth occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, shall be the duty of the person or persons in charge of the house or place where such birth occurs, or of the person or persons in the place where such birth occurs, or of the parents, if living, and in such manner and with such particulars as the Commissioner of Health, or other officer of the Board of Health, shall hereafter fix, to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 7-21-54

RETURN OF A ~~BIRTH~~. 68013

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) John Milton Jacobs / 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* W.
3. *Date of Birth,* August 26 / 95
4. *Place of Birth, (Street and Number)* 138 S. Ann St.
5. *Full Name of Mother,* Anna A. Jacobs
6. *Mother's Maiden Name,* " " Hammen
7. *Mother's Birthplace,* B. C.
8. *Full Name of Father,* John Jacobs
9. *Father's Occupation* Plumber
10. *Father's Birthplace,* B. C.

Name of Medical Attendant, or other person who makes this Return. Geo. L. Wiltins M.D.

Address, 6 N. Broadway

Remarks,

8 9 5 0 0 0 5 5 8 2

Wm. J. C. Dulany Co., City Printers and Stationers.

Third day of each and every month to be a date of the Commissioner of Health. In case the birth of any child shall occur within the above period, the father, or mother, or the person in charge of such child, or any other person in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68014

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 26/95
4. Place of Birth, (Street and Number) Harford Rd near Armory Row
5. Full Name of Mother, Mary Jane Erdman
6. Mother's Maiden Name, Carlow
7. Mother's Birthplace, Balto
8. Full Name of Father, James M Erdman
9. Father's Occupation, Milk Dairy
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, S. A. Silver M. D.

Address, 1501 E. Eager St.

Remarks, 8950005583

Wm. J. C. Dulany Co., City Printers and Stationers.

Every birth occurring within the city of Baltimore shall be reported within twenty-four hours after birth, by a physician or practitioner of medicine, if such shall occur without the attendance of a physician or practitioner of medicine, by the person or parents of such child, or person in charge of the house, immediately thereafter. It shall become the duty of the person or parents of such attendance upon the birth to report the same within the period above required, and shall forward to the Office of the Commissioner of Health, in the manner and form required, and in accordance with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68015

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first child

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth,* Born August 26 1895
4. *Place of Birth, (Street and Number)* Hoffman st No 534 Baltimore
5. *Full Name of Mother,* Mrs Beartha E. Bond
6. *Mother's Maiden Name,* Miss Beartha E. Hall
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* James A. Bond
9. *Father's Occupation* waiter and boatman
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs Mary Jane Bossett

Address, 563 Dolphin st

Remarks, 8950005584

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, the Commissioner of Health, in the manner and upon the special blank provided for such case, shall be empowered to require the person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68016

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 26th of August 95

4. Place of Birth, (Street and Number) 114 Adison Alle

5. Full Name of Mother, Anna Crafford

6. Mother's Maiden Name, Anna Boette

7. Mother's Birthplace, Balte

8. Full Name of Father, Confia Crafford

9. Father's Occupation Molder

10. Father's Birthplace, Balte

Name of Medical Attendant, or other person who makes this Return, Friedericke Heuler Midwife

Address, 2116 W. Pratt St.

Remarks,

6950 035-85

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month at the office of the registrar of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 68017

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st, 2d,~~ 3d, &c.)

1. Sex (~~state whether~~ male ~~or female~~),
2. Race or Color (~~if not of the~~ white ~~race~~),
3. Date of Birth, 26 August 1895
4. Place of Birth (Street and Number), 2236 Fairmount Ave.
5. Full Name of Mother, Mrs. Martha Jane Snyder
6. Mother's Maiden Name, Martha Jane Young
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Edward P. Snyder
9. Father's Occupation, Mariner
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return. B. F. Leonard MD.

Address, 125 Jackson Square

Remarks,

8950055 8

each and every month to the office of the Commissioner of Health, or shall be in attendance upon the the attendance of a physician or midwife, or shall be the only person in attendance at the birth of any child, shall report the birth to mother, immediately upon the birth of such child, or person or parents of such child, or any other person or persons who commenced the attendance at such birth, shall within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

e Publishing Co., City Printers and Stationers

RETURN OF A BIRTH. 68018

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Aug. 26th 1895
4. Place of Birth, (Street and Number) 231 N. Chester
5. Full Name of Mother, Lillie North Taylor.
6. Mother's Maiden Name, Pennsylvania
7. Mother's Birthplace, Walter Scott Taylor
8. Full Name of Father, Clerk.
9. Father's Occupation City.
10. Father's Birthplace, E. P. Jones M.D.

Name of Medical Attendant, or other person who makes this Return, 1835 E. Baltimore St.

Address,

Remarks,

8950005587

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68019

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Aug. 26. 1895
4. Place of Birth, (Street and Number) 538 Biddle Alley
5. Full Name of Mother, Emma Allen
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Md
8. Full Name of Father, Alexander Williams
9. Father's Occupation, Porter
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Louis Eaton, M. D. Res. Phys.

Address, Maternity Woman's Med. College

Remarks, 410 W. Hoffman St.

8 9 5 0 0 8 5 5 8 8

The duty of the person in charge of the attendance of a physician or practitioner or midwife, or the person or persons in the house or in attendance upon the mother, immediately after the birth shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above recited, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68020

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Aug 26. 1895
4. Place of Birth, (Street and Number) 410 W. Hoffman St.
5. Full Name of Mother, Annie Wilson
6. Mother's Maiden Name, Annie Wilson
7. Mother's Birthplace, Md.
8. Full Name of Father, William Spragg
9. Father's Occupation, Nurse
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Louise Eaton M.D. Res Phys

Address, Maternite Woman's Med. College 410 W. Hoffman St.

Remarks, 1895005589

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68021

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 26th August 1895.

4. Place of Birth, (Street and Number) Twelve St. No 1422.

5. Full Name of Mother, Barbara Greenholz

6. Mother's Maiden Name, Lotowesy

7. Mother's Birthplace, St Louis Missouri

8. Full Name of Father, William Greenholz

9. Father's Occupation Soldier

10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return. Lizzie Schaffler

Address, E. Fortstreet N. 1708

Remarks,

8950005590

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a [illegible] hereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, Immediately after the birth, shall be required to comply with all provisions of this section shall be, any such person or persons who shall hereafter fail to comply with all provisions of this section shall be recoverable. Jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68022

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 2

1. *Sex*, (*state whether male or female*) Male
2. *Race or Color*, (*if not of the white race*) White
3. *Date of Birth*, Aug 26 1925
4. *Place of Birth*, (*Street and Number*) Bond St.
5. *Full Name of Mother*, Helen Bajacek
6. *Mother's Maiden Name*, " Yadrumsky
7. *Mother's Birthplace*, Poland
8. *Full Name of Father*, Mike Bajacek
9. *Father's Occupation* Laborer
10. *Father's Birthplace*, Poland

Name of Medical Attendant, or other person who makes this Return. Mary Mozka

Address, 602 S. Bond St.

Remarks.

8 7 5 U 0 0 5 5 9 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68023

GIVEN NAME ADDED 8-21-50

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name Alvin Howard Berman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 26 August 1895
4. Place of Birth, (Street and Number) 209 N. Front
5. Full Name of Mother, Yetta Berman
6. Mother's Maiden Name, Jarkowsky
7. Mother's Birthplace, Russia
8. Full Name of Father, Moses Berman
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. Scherman

Address, 42 Albemarle St.

Remarks,

[illegible] third day of each and every month to the office of the Commissioner of [illegible] shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

6950005592

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 108024

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 2 1895
4. Place of Birth, (Street and Number) Pennsylvania Ave
5. Full Name of Mother, Justina Schirner
6. Mother's Maiden Name, Justina Tocker
7. Mother's Birthplace, Germany
8. Full Name of Father, 1419 Philip Avenue
9. Father's Occupation Cigar Maker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs H Fussinger

Address, 521 Lafayette Ave

Remarks, 8950005593

third day of each and every month to the Registrar of Vital Statistics, or should no other person be in attendance or a physician or practioner of midwifery, or should no other person be in attendance without the attendance of a physician or practioner of midwifery, or the parents of such child to report its birth, or whenever it shall become the duty of the parents of such child to report its birth, or whenever the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68025

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Aug. 26 1895
4. Place of Birth, (Street and Number) 410 W. Hoffman St.
5. Full Name of Mother, Caroline Jackson
6. Mother's Maiden Name, Caroline Braxton
7. Mother's Birthplace, Va.
8. Full Name of Father, James Jackson
9. Father's Occupation Fireman
10. Father's Birthplace, Va.

Name of Medical Attendant, or other person who makes this Return, Louis Eaton M.D. Res Phys

Address, Maternite Maryland Med. College 410 W. Hoffman St.

Remarks,

0950005594

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 7-14-52

RETURN OF A BIRTH. 68026

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Thomas ~~F.~~ Dempsey

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug 27th 1895
4. *Place of Birth, (Street and Number)* #32 Frisby St Annex
5. *Full Name of Mother,* Margaret L. Dempsey
6. *Mother's Maiden Name,* " " Caen
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Thomas J Dempsey
9. *Father's Occupation* Engineer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, R. G. Rawlein M.D.

Address, #811 Jefferson Ave Waverly City

Remarks,

8 9 5 0 0 0 5 5 9 5

Wm. J. C. Dulany Co., City Printers and Stationers.

Every birth must be delivered, duly signed by a physician or midwife, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or shall be in any other way unknown to the attendant, the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and shall have upon the mother, immediately thereafter, full power to direct the manner and within the period above required, and any such person or persons who shall wilfully or negligently fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 6802

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 27th
4. Place of Birth, (Street and Number) 524 Conway St
5. Full Name of Mother, Bessie Kunkel
6. Mother's Maiden Name, Bessie Hendrickson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Kunkel
9. Father's Occupation, Salesman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, J. B. Blum

Address, 641 Columbia ave

Remarks, 8950005596

third day of each month, at the attendance of a physician or practitioner of medicine, by or on the request of such shall occur within the mother, immediately after the birth, in the manner and within the period above specified, and attendant, report its birth to the Commissioner of Health, in the manner and within the period above specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68029

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug. 27/95
4. Place of Birth, (Street and Number) 414 S. Ann Str.
5. Full Name of Mother, Minnie Chary
6. Mother's Maiden Name, Weddele
7. Mother's Birthplace, Balto.
8. Full Name of Father, William Chary
9. Father's Occupation Cammaker
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. Mrs. Deisenhofer

Address, 2225 Gough Str.

Remarks, 8950005597

Each and every month to the office of the Commissioner of Health, [illegible] or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

CERTIFICATE CORRECTED 12-10-59 68030

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Henry Conrad Fritz

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VII

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug. 24/95
4. Place of Birth, (Street and Number) 215 S. Register Str.
5. Full Name of Mother, Susana Fritz
6. Mother's Maiden Name, " Heile
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Conrad Fritz
9. Father's Occupation Printer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Thos. Diesenhofer

Address, 2225 Gough St.

Remarks, 8950005598

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] day of each and every month to be delivered to the Commissioner of Health, or shall be [illegible] no other person shall be in [illegible] of any midwifery, or practicing midwifery, or shall be [illegible] of the parents or parents of such shall occur without the attendance of a physician or practitioner of midwifery, or shall be [illegible] within the period above required, and attendance upon the mother, or shall be [illegible] with the provisions of this section shall be [illegible] child to report to the Commissioner of Health, to be [illegible] with the provisions of this section shall be [illegible] [illegible] persons who shall hereafter fail to comply with the provisions of this section shall be [illegible] subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68031

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, aug 27th 1895

4. Place of Birth, (Street and Number) 1130 Bowen Av

5. Full Name of Mother, Mary Miller

6. Mother's Maiden Name, " Walton

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Jacob Miller

9. Father's Occupation Cigar Maker

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Leo Rhabert

Address, 725 Columbia ave

Remarks, 8950005599

Any physician or practitioner of midwifery, or any other person in attendance at the birth of a child, who shall neglect or refuse to make the return required of such attendant upon the birth of such child, immediately thereafter, in the manner and within the time required, and shall occur without the city, immediately after the birth, in the manner and within the time required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68032

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug. 27/95
4. Place of Birth, (Street and Number) 127 N. Madeira St.
5. Full Name of Mother, Maggie Little
6. Mother's Maiden Name, N. Betzels
7. Mother's Birthplace, Balto.
8. Full Name of Father, John B. Little
9. Father's Occupation Baker
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough Str

Remarks, 8950005600

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] Commissioner of Health, [illegible] case to other person be in [illegible] of each and every month to the office of the Commissioner of Health, [illegible] or should no other person be in [illegible] or without the attendance of a physician or midwifery, or should no other person be in [illegible] third day of each and every month to the office of the Commissioner of Health, [illegible] the parents of such [illegible] shall fail or neglect to report the birth of such child within the period above required, and [illegible] attendance upon the mother, Commissioner of Health, in the manner [illegible] provisions of this section shall be sub- [illegible] any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- [illegible] child to report its birth as aforesaid, to be recovered as other fines and forfeitures are recoverable. [illegible] jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 68034

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* August 27
4. *Place of Birth (Street and Number),* 204 Olive st
5. *Full Name of Mother,* Jenny conway
6. *Mother's Maiden Name,* Jenny medloff
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Conway
9. *Father's Occupation,* Fisherman
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs E Donaldson no doctor (required)

Address, 1811 westfield place

Remarks, Mother and child doing well

18950005601

each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, the attending physician or midwife, or the parent or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF BIRTH. 68036

GIVEN NAME ADDED 9-14-60

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Katharine Lorraine West

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 27 1895
4. Place of Birth, (Street and Number) 714 Reservoir St.
5. Full Name of Mother, Minnie Sellman West
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Maryland
8. Full Name of Father, Clarence E. West
9. Father's Occupation Merchant
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return. William A. B. Gilmain M.D.

Address, 5 East Biddle St.

Remarks, 8950005602

third day of each and every month, to the registrar of vital statistics, or shall give no other date of birth of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68038

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Black
3. Date of Birth, August 27th
4. Place of Birth, (Street and Number) 308 Preston St
5. Full Name of Mother, Florence Louisa Murray
6. Mother's Maiden Name, Florence Jones
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Chas Olden
9. Father's Occupation Laborer
10. Father's Birthplace, Pennsylvania.

Name of Medical Attendant, or other person who makes this Return. Gustav Goldman M D

Address, 2005 Eastern av.

Remarks, 8 9 5 0 0 0 5 6 0 3

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] day of each and every month to the office of the registrar of vital statistics, or should no other person, within third day of such month, the attendance of a physician or midwifery, or should no other person, within the period above required, and without the attendance of a physician or midwifery, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, Commissioner of Health, in the manner and within the provisions of this section shall be, with such person or persons who shall hereafter fail to comply with the provisions of this section shall be severally subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68042

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Aug 27 1895
4. Place of Birth, (Street and Number) North St Waverly
5. Full Name of Mother, Lizzie Betters
6. Mother's Maiden Name, "
7. Mother's Birthplace, Va
8. Full Name of Father, Eles Jolbers
9. Father's Occupation Laborer
10. Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this Return, Susan E Bailey

Address, No 8 Talbot St W waverly

Remarks,

8950005604

third day of each and every month, to the Registrar of Vital Statistics, a statement of all births occurring in his or her practice, or in the house of a physician or practitioner of midwifery, or almost so of each person in whose family such birth shall occur without the intervention of a physician or practitioner of midwifery, the duty of the person or parents of such child, or the person in whose family it shall occur, to make such report in the manner and within the period above required, and shall forthwith report its birth to the Commissioner of Health, and any such person who shall neglect or fail to comply with the provisions of this section, shall be liable to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68043

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Aug 27. 1895
4. Place of Birth, (Street and Number) 419 State St
5. Full Name of Mother, Cora White
6. Mother's Maiden Name, Cora West
7. Mother's Birthplace, Md
8. Full Name of Father, Hudson White
9. Father's Occupation, Laborer
10. Father's Birthplace, Va.

Name of Medical Attendant, or other person who makes this Return. Louise Eaton, M.D. Resident

Address, Maternite Annex, Med. College
410 W. Hoffman St.

Remarks, 8950005605

shall occur without the attendance of a [illegible] shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and upon the mother, immediately after the birth, and upon the Commissioner of Health, in the manner and within the period above required, and with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68044

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 2 m.

1. *Sex*, (*state whether male or female*) female
2. *Race or Color*, (*if not of the white race*) White
3. *Date of Birth*, 27th of August 95 1927
4. *Place of Birth*, (*Street and Number*) Lombard St
5. *Full Name of Mother*, Jene Burke
6. *Mother's Maiden Name*, Jene Jokel
7. *Mother's Birthplace*, Germany
8. *Full Name of Father*, John Burke
9. *Father's Occupation* Labor
10. *Father's Birthplace*, Germany

Name of Medical Attendant, or other person who makes this Return, Friederike Keuler Midwife

Address, 2116 W Pratt St.

Remarks,

1 8 9 5 0 0 0 5 6 0 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68045

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 24 1895
4. *Place of Birth, (Street and Number)* Elliott st. 35
5. *Full Name of Mother,* Annie Harris
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Adam Harris
9. *Father's Occupation* Shoe maker
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return, Mary Chotti

Address, Washington st 205

Remarks,

8950005607

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] day of each and every month to be a case of [illegible] midwifery, or should no other person [illegible] shall occur without the assistance of a physician or practioner of midwifery, or the person or parents of such child, or upon the mother, immediately thereafter, it shall become and within the period above required, and [illegible] report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 2-25-52

RETURN OF A BIRTH. 68046

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Helen Elizabeth Ryan

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 28 August 1895

4. Place of Birth, (Street and Number) 1923 Wallison St

5. Full Name of Mother, Annie Ryan

6. Mother's Maiden Name, Wright

7. Mother's Birthplace, Balto

8. Full Name of Father, William Ryan

9. Father's Occupation Tanner

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs E B Brooke

Address, 1924 E 10th St

Remarks, Doing Well

8 7 5 0 0 0 5 6 0 8

Wm. T. C. Dulany Co., City Printers and Stationers.

Sec. 3. Be it further enacted, that it shall be the duty of the Commissioner of Health, Baltimore City, or other person to be in charge of the office of Vital Statistics, to require a certificate of birth to be signed by the mother, immediately thereafter, in the manner and within the period required, and shall occur without the presence of a physician or practical midwifery, or should no other person attend at the birth, the mother shall become the duty of the person above required, and shall report the birth to the Commissioner, in the manner and within the period required in this section shall be subject to a penalty of five dollars for each offence, to be recovered as other fines and forfeitures are recoverable. Any such person or persons who shall wilfully fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

been conferred) its sex, color, the full name of the child, and shall be in the form of a certificate between the first and third days of each month to the office of the Commissioner of Health. In case the birth of any child said eclectic shall be delivered, and if no physician or midwifery, or should no other person be in attendance upon the mother, immediately to report to the Commissioner of Health, in the manner and with the particulars required, and shall occur within the said period, it shall become the duty of the person above required, and all persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 6804

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 28 Aug
4. Place of Birth, (Street and Number) 918 Sterling St
5. Full Name of Mother, Mary Calendark
6. Mother's Maiden Name, Mary Schlock
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Henry Calendark
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. J. Frank Mcherrigle

Address, 1417 E. Lager St.

Remarks, 8950005609

Wm. J. C. Dulany Co. City Printers and Stationers.

RETURN OF A BIRTH. 68048

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) IV p.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Aug 28. (11. 30. A. M.)
4. Place of Birth, (Street and Number) 21. Poultney street
5. Full Name of Mother, Ida May Wiseman,
6. Mother's Maiden Name, Cook.
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Alloyt Wiseman,
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return. Mrs. M. Kane for the

Address, Mothers Relief Society, 682. W. Fremont

Remarks,

8950005610

third day of each and every month to the office of the Commissioner of Health, or shall no other person be in attendance without the attendance of a physician or practitioner of midwifery, or the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 68049

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, Aug. 28th 95
4. Place of Birth, (Street and Number) 1257 E Lexington St
5. Full Name of Mother, Mary Rohleder
6. Mother's Maiden Name, Mary McEvoile
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Geo. A. Rohleder
9. Father's Occupation, Stock Clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. H. L. Lewis

Address, 1427 E Baltimore St

Remarks, 0 9 5 U 0 0 5 6 1 1

third day of each and every month to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, a return of every birth, stillbirth, or death occurring within the preceding month, which shall come to his knowledge, or which shall be required to be reported to him by the rules and regulations of the Board of Health, and any such person who shall neglect or refuse to make such return, or who shall make a false return, or who shall neglect or refuse to report to the Board of Health, in the manner and within the period above required, any such birth, stillbirth, or death, or who shall neglect or refuse to comply with the provisions of this section shall be subject to the penalties hereinafter fixed, to be recovered as other fines and forfeitures are recoverable by action of debt, viz.: A fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

D. SELIGNY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 68050

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race)
3. Date of Birth, 28th of August 1895
4. Place of Birth. (Street and Number) 707 Dover st.
5. Full Name of Mother, Karoline Lembach
6. Mother's Maiden Name, Karoline Schaeffer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Chas. G. F. Lembach
9. Father's Occupation, Baker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Max Seebach

Address, 725 W. Pratt st.

Remarks,

8750 0 0 5 6 1 2

third day of each and every month to the Board of Health, or shall be the duty of the Commissioner of Health, or shall be in shall occur without the attendance of a physician or practitioner of midwifery, or shall be in attendance upon the birth of a child, or any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

THE J. D. BULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 68051

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Aug. 28
4. *Place of Birth, (Street and Number)* 508. Rogers Ave
5. *Full Name of Mother,* Maggie Bunkdoff
6. *Mother's Maiden Name,* Litz
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Wm. Bunkdoff
9. *Father's Occupation* Barber
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Rose Ulbrg

Address, 1302-E Lexington st

Remarks, 895005613

Wm. J. C. Dulany Co., City Printers a[illegible]ioners.

[illegible] every month to the office of the Commissioner of Health, [illegible] other person be in [illegible] or other person who shall become the duty of the person above required, and [illegible] the mother, immediately after the birth, in the manner and with the particulars above [illegible] child to report its birth to the Commissioner of Health, in the manner and with the particulars of this section shall be sub- [illegible] any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68052

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 14

1. *Sex*, (*state whether male or female*) male

2. *Race or Color*, (*if not of the white race*) White

3. *Date of Birth*, august the 28. 18.99

4. *Place of Birth*, (*Street and Number*) ramsey st No 15.43

5. *Full Name of Mother*, Mary J Boid

6. *Mother's Maiden Name*, Mary J woods

7. *Mother's Birthplace*, Baltimore

8. *Full Name of Father*, John Mc boid

9. *Father's Occupation* Carpenter

10. *Father's Birthplace*, Calvert CO Md

Name of Medical Attendant, or other person who makes this Return, Mrs J Kelley

Address, No 1929 Wilkins Ave

Remarks, 8950005614

third day of each and every month to the [illegible] shall occur without the attendance of a physician or practitioner of midwifery, or should no other person [illegible] attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68 053

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 28
4. Place of Birth, (Street and Number) 841 Calverton road
5. Full Name of Mother, Mary Emma Merican
6. Mother's Maiden Name, Mary Emma Rose
7. Mother's Birthplace, Jack Co Pa
8. Full Name of Father, Thomas Merican
9. Father's Occupation in Comission house
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary I Peregoy

Address, 2847 Lanvale st

Remarks, 8250005615

third day of each and every month of physician or practitioner of midwifery, or the person or parents of such shall occur upon the mothers, Commissioner of Health, in the manner and within the period above required, and shall forfeit and pay the sum of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. child to report its birth, or any person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68054

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color. (if not of the white race) White
3. Date of Birth, Aug 28
4. Place of Birth, (Street and Number) Baltimore 1014 Clifton Place
5. Full Name of Mother, Mrs. M. M. Hale
6. Mother's Maiden Name, Delia Holmes
7. Mother's Birthplace, Ireland
8. Full Name of Father, Martin L. McHale
9. Father's Occupation Laborer
10. Father's Birthplace. Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Cunningham Midwife

Address,

Remarks, 8950005616

Each day of each week the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, then the person who shall become the duty of the person or parents of such child, shall cause a return of such birth to be made in the manner and within the period above specified, and shall report its birth to the Commissioner of Health, in the manner and within the period above specified, and any such person or persons who shall neglect or fail to comply with the provisions of this article, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 4-25-60

RETURN OF A BIRTH. 68055

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Theodore Rear Conley

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 28th of August 1895
4. *Place of Birth, (Street and Number)* Baltimore, 839 Woodward St
5. *Full Name of Mother,* Annie Conley
6. *Mother's Maiden Name,* Annie Carter
7. *Mother's Birthplace,* Elkridge, Howard Co.
8. *Full Name of Father,* Frank Conley
9. *Father's Occupation* Painter
10. *Father's Birthplace,* Baltimore, Maryland

Name of Medical Attendant, or other person who makes this Return, Mrs Barge

Address, 111 N. Chest

Remarks,

8 9 5 0 0 0 5 6 1 7

third day of each and every month to [illegible] of the [illegible] of midwifery, or should no other person [illegible] shall occur without the attendance of a physician or practitioner of midwifery, the parent or parents of such child, or person in charge of such child, shall immediately thereafter, if such be owner and within the period above required, such attendance upon, which to the Commissioner of Health shall seem sufficient, to be sufficient, and the owner shall forthwith cause such child to be registered, and shall comply with the provisions of this section in regard to such child, or any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68056

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Aug 28. 1895
4. Place of Birth, (Street and Number) 410 W. Hoffman St.
5. Full Name of Mother, Daisy Boyer
6. Mother's Maiden Name, "
7. Mother's Birthplace, Md
8. Full Name of Father, Geo. Walters
9. Father's Occupation Porter
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, Louise Eaton M.D. Res. Phys.

Address, Maternite Mercy Med. College 410 W. Hoffman St.

Remarks,

6 9 5 0 0 0 5 6 1 8

Wm. J. C. Dulany Co., City Printers and Stationers.

Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68057

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5-th child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Aug 28 1895
4. Place of Birth, (Street and Number) 210 Eutaw
5. Full Name of Mother, Eliza Rollins
6. Mother's Maiden Name, Eliza Williams
7. Mother's Birthplace, Annapolis
8. Full Name of Father, Levi Rollins
9. Father's Occupation, Laborer
10. Father's Birthplace, Calvert County

Name of Medical Attendant, or other person who makes this Return, Charity Boylden

Address, [illegible] Holm st

Remarks, Lying Hall

8 9 5 U 0 0 5 6 1 9

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68058

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth. Aug. 28/95
4. Place of Birth, (Street and Number) Stamford Richard Willing (Phila Pa)
5. Full Name of Mother, Mrs. Sarah Butler
6. Mother's Maiden Name, Sarah Stokes
7. Mother's Birthplace, Va
8. Full Name of Father, Geo. H. Butler
9. Father's Occupation Labourer
10. Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this Return. Chas. E. Brock M.D.

Address. 113+115 W. Lombard

Remarks.

8 1 5 0 0 0 5 6 2 0

Any or each and every person or physician or practitioner or midwife or other person who shall occur without the attendance of a physician or practitioner, shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately after birth, in the manner and within the period above required, and any person or persons or physicians or practitioners or midwives who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68059

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* ~~Female~~ Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Aug 28 1845
4. *Place of Birth, (Street and Number)* Waverle
5. *Full Name of Mother,* Willie Bland
6. *Mother's Maiden Name,* Willie Brafton
7. *Mother's Birthplace,* Va
8. *Full Name of Father,* Jim Bland
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Va

Name of Medical Attendant, or other person who makes this Return, Susan E Bailey

Address, No 8 Talbot St Waverly

Remarks,

8 9 5 0 0 0 5 6 2 1

third day of each and every month, to the registrar or practioner of midwifery, or physician, to or her person, or shall cause to be done the attendance of a physician or practioner of midwifery, or physician, to or her person, or shall cause to be done the attendance upon the mother, immediately thereafter, in the city, of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be, and is hereby, subjected to the fine of ten (10) dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68060

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~Boy~~ 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 28 August
4. Place of Birth, (Street and Number) Feld str 926
5. Full Name of Mother, Marie Bursa
6. Mother's Maiden Name, Zilkovsky
7. Mother's Birthplace, Pole
8. Full Name of Father, John Bursa
9. Father's Occupation, Work-man
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return, Mary Prett

Address, S. Bond str 838

Remarks, 8 7 5 0 0 0 5 6 2 2

shall occur without the attendance of a physician, the person within the city of the person or parents of such child, shall become the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for such offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68062

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 28 August 1895
4. *Place of Birth, (Street and Number)* 154 N Exeter St.
5. *Full Name of Mother,* Betzie Broddike
6. *Mother's Maiden Name,* Carron
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Joseph Broddike
9. *Father's Occupation* Store keeper
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, E. Schurman

Address, 420 Albemarle St

Remarks,

said schedule shall be [illegible]
third day of each and every month to the office of the Comm[illegible]
shall occur without the attendance of a physician or practioner of midwifery, or should no other person
attendance upon the mother, immediately thereafter it shall become the duty of the persoo or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (1") dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8950005623

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68063

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Black
3. Date of Birth, August 28 1895.
4. Place of Birth, (Street and Number) 1636 Hamilton Street
5. Full Name of Mother, Annie Preston
6. Mother's Maiden Name, Annie Peot
7. Mother's Birthplace, Essex County Virginia
8. Full Name of Father, William Preston
9. Father's Occupation, Waiter
10. Father's Birthplace, Missouri

Name of Medical Attendant, or other person who makes this Return. Geo W Robbin M.D.

Address, The Johns Hopkins Hospital.

Remarks.

8 9 5 0 0 0 5 6 2 4

shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time required, and attendance upon the mother, immediately on the birth of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68064

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Aug 28th 1895
4. Place of Birth, (Street and Number) 1622 Aisquith
5. Full Name of Mother, Mary Kearney
6. Mother's Maiden Name, Gillespie
7. Mother's Birthplace, Ireland
8. Full Name of Father, James B Kearney
9. Father's Occupation Policeman
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. M. B. Billingsleau

Address, 1206 E. Preston St

Remarks. 8950005625

third day of each and every month to be made or left at the office of registrar of midwifery, or should no other person be in attendance upon the mother, then the midwife or nurse shall be the person to make the report, and in default of the person or persons of such child to report, shall be liable to a penalty not exceeding ten dollars for each and every such offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68065

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 1st

1. *Sex,* (*state whether male or female*) Female

2. *Race or Color,* (*if not of the white race*) W

3. *Date of Birth,* August 28

4. *Place of Birth,* (*Street and Number*) 1144 Cross St

5. *Full Name of Mother,* Rose Ellemman

6. *Mother's Maiden Name,* " Durken

7. *Mother's Birthplace,* Martinsburg W. Va.

8. *Full Name of Father,* James le Ellemman

9. *Father's Occupation* Laborer

10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs Mary Hourigan

Address, 412 Scott St

Remarks, 8 7 5 0 0 0 5 6 2 6

Wm. J. C. Dulany Co., City Printers and Stationers.

Each day of each and every month to be or are of the Commission of Health, or shall no other person be in attendance upon the mother, the midwife or practioner of midwifery, or shall the person or parents of such child occur without the attendance of a midwife or practioner of midwifery, the person or parents of such child to report to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH; 68066

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 child

1. Sex, (state whether male or female) Femal

2. Race or Color, (if not of the white race) Whit

3. Date of Birth, 29 August 1895

4. Place of Birth, (Street and Number) 17 W. Barney St

5. Full Name of Mother, Margret A. Eisel

6. Mother's Maiden Name, Margret A. Burnes

7. Mother's Birthplace, Balto

8. Full Name of Father, William Eisel

9. Father's Occupation Car Maker

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Mrs. E. [illegible] Brooks

Address, 1828 Eglo St

Remarks, Doing Well

8950005627

third day of each an every mon[illegible] or practioner of midwifery, or should no other person
shall occur without the attendance of a physician [illegible] it shall become the duty of the person or parents of such
attendance upon the mother, immediately thereafter in the manner and within the period above required, and
child to report its birth to the Commissioner of Health, comply with the provisions of this section shall be sub-
any such person or persons who shall hereafter fail to other fines and forfeitures are recoverable.
jected to the fine of ten (10) dollars for each offence, to be recovered as

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68067

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Aug 29
4. *Place of Birth, (Street and Number)* 318 Forest st
5. *Full Name of Mother,* Lena Schreiber
6. *Mother's Maiden Name,* " Schroeder
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* John Schreiber
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Rose Ellbig

Address, 1302 E. Lexington st

Remarks, 0750005628

Wm. J. C. Dulany Co., City Printers and [illegible]ers.

RETURN OF A BIRTH 68068

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the 4th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Aug 29 1895
4. Place of Birth, (Street and Number) Brent St No 1720
5. Full Name of Mother, Nettie Zeigler
6. Mother's Maiden Name, Nettie Carroll
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Herman Zeigler
9. Father's Occupation, Coal dealer
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Jas R Donnelly

Address, 1635 Light Halsh St

Remarks, None

1895 0005629

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 11-17-52

RETURN OF A BIRTH. 68069

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Harry Edward Busick
3. Date of Birth, 29th Aug. 1895
4. Place of Birth, (Street and Number) 1930 E Eager st
5. Full Name of Mother, Mary A Busick
6. Mother's Maiden Name, Ida Elliott
7. Mother's Birthplace, Balto
8. Full Name of Father, George E Busick
9. Father's Occupation Bot Litho
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Julia Groom

Address, 944 N Gay st

Remarks,

1 8 9 5 0 0 0 5 6 3 0

third day of each and every month to a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, then the person or parents of such child to report, in writing, to the Commissioner of Health, in the city where such child lives, such birth, under the penalty of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68070

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 d.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, August 29. (9. 10. A. M.)
4. Place of Birth, (Street and Number) 2551 Mary Street (Clifton)
5. Full Name of Mother, Louise Katherine Wengel
6. Mother's Maiden Name, Betzler
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Johann Karl Wengel
9. Father's Occupation, Painter
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return. Mor. M. Kaune

Address, 632 N. Fremont Ave.

Remarks, 8950005631

shall occur without the attendance of a Physician or Midwife, it shall become the duty of the person or parents of such child to report, in writing, to the Commissioner of Health, in such manner and within the period of one week after such attendance upon the birth as the Commissioner of Health may require. Any person who shall neglect or refuse to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68071

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug 29th 1895
4. *Place of Birth, (Street and Number)* 841 Forest st
5. *Full Name of Mother,* Sara Ann Rider
6. *Mother's Maiden Name,* Sara Ann Norwood
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Joseph Henry Rider
9. *Father's Occupation* [redacted] Brickclay
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other person who makes this Return, Mrs Emmaham

Address, 841 Forest st

Remarks,

1895005632

third day of each and every month, by the person in charge of the case of midwifery, or should no other person be in attendance, then by the mother, immediately thereafter. It shall become the duty of the person or persons in attendance at such birth, or the mother, if unattended, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68072

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, august the 29.1899
4. Place of Birth, (Street and Number) Smallwood st No 429
5. Full Name of Mother, maggie bach
6. Mother's Maiden Name, maggie coats
7. Mother's Birthplace, Elkridge
8. Full Name of Father, andrew P bach
9. Father's Occupation Painter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs S Fuller

Address, No 1222 Wilkins Ave

Remarks,

1 8 9 5 0 0 0 5 6 3 3

third day of each and every month to all physician or practioner of midwifery, or should no other person be present, the nurse or other person in charge, shall immediately thereafter, it shall become the duty of the person or parents of such child to report in like manner and within the period above specified, such birth, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co. City Printers and Stationers.

RETURN OF A BIRTH. 68073

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug 29
4. *Place of Birth, (Street and Number)* 521 Kerby Lane
5. *Full Name of Mother,* Lena Krumholz
6. *Mother's Maiden Name,* Lena Brooks
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Krumholz
9. *Father's Occupation* Oyster Mater
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Heliyondu Offie

Address, 730 S. Potter St

Remarks, 8950005634

attendance upon the mother, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68074

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. *Sex, (state whether male or female)* Girl.
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 29. August.
4. *Place of Birth, (Street and Number)* N. 2200 Fairmount. Av.
5. *Full Name of Mother,* Mary Messner.
6. *Mother's Maiden Name,* Mary Greber.
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* Conrad Messner.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return, Mary Klaas.

Address, N. 9. W. Lofe street.

Remarks,

6 9 5 0 0 0 5 6 3 5

said schedule shall be delivered, duly signed by the proper person, at the place and within the time herein specified, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance within the time specified, the parent or parents of such child, or in default thereof, the occupant of the house or tenement in which such child is born, shall immediately thereafter, it shall become the duty of the person in charge of such child to report its birth to the Commissioner of Health, in the manner and within the time specified, and any such person or persons who shall herein fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68075

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 29 1895
4. Place of Birth, (Street and Number) 1024 Fort ave
5. Full Name of Mother, Annie Lorty
6. Mother's Maiden Name, Grieb
7. Mother's Birthplace, Gatto
8. Full Name of Father, Emil Lorty
9. Father's Occupation Workman
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Cardwig Schwartz

Address, 434 E Fort ave.

Remarks,

8950005636

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] day of each and every month to be or be office to be [illegible] midwifery, or should no other person [illegible] third day of such birth, or in case of a still-born child within the period of twenty-four hours after such birth without the attendance of any physician or midwife, the duty of the person or parent required, and also of every person in the house where such birth shall occur, to report the same in the manner and within the period specified in this section shall be subject to the attendance upon the mother, under the direction of the Commissioner of Health, to comply with the provisions of this section shall be subject to a fine of any such person or persons who shall hereafter fail to report the birth of any child to report its birth, or who shall hereafter, or to be recovered as other fines and forfeitures are recoverable. any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68076.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

name of child: Louis ~~William~~ Landwehr

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth. Sept. 5 ~~69 August~~ 1895
4. Place of Birth, (Street and Number) 1403 Garrett Ave.
5. Full Name of Mother, Maria Landwehr
6. Mother's Maiden Name, Olinizak
7. Mother's Birthplace, Germany
8. Full Name of Father, Charles Landwehr
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. E. A. McGann

Address, 1331 Hollins St. Lewis Court.

Remarks, CERTIFICATE CORRECTED 1-16-52

8 9 5 0 0 0 5 6 3 7

said schedule shall be delivered, duly signed, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person so in attendance upon the mother, immediately thereafter, to report the birth of such child to report its birth to the Commissioner of Health. In either event, if the person required, and so as such person or persons shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68077

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 29th
4. Place of Birth, (Street and Number) 1111 N. Oakham St
5. Full Name of Mother, Rosa Lowenstein
6. Mother's Maiden Name, Rosa Rosenstock
7. Mother's Birthplace, Germany
8. Full Name of Father, Sidor Lowenstein
9. Father's Occupation, Clerk
10. Father's Birthplace, Germany

Name of Medical Attendant or other person who makes this Return, Dr Bloom

Address, 641 Johnson Av.

Remarks,

8950005638

RETURN OF A BIRTH. 68078

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) ~~29 August~~ White
3. Date of Birth, 29 August
4. Place of Birth, (Street and Number) Paterson park avenue 633
5. Full Name of Mother, Antonie Raichel
6. Mother's Maiden Name, Wesely
7. Mother's Birthplace, Böhmen
8. Full Name of Father, Jakob Raichel
9. Father's Occupation, Kepn ovste boat
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Marie Oretl

Address, S. Bond str. 838

Remarks, 6950005639

Wm J. C. Dulany Co., City Printers and Stationers.

third day or case of the attendance of a physician or practitioner or midwife, the duty of the person or parents of such child to report its birth to the Registrar of Vital Statistics, shall become the duty of the attendant, if there be one, and within the period required, and shall occur within the mother, immediately on the birth, to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68079

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* Wht.

3. *Date of Birth,* Aug. 29/95

4. *Place of Birth, (Street and Number)* 1928 N. Fulton Av.

5. *Full Name of Mother,* Mrs Christian Fredk Auslund

6. *Mother's Maiden Name,* Ella Clark

7. *Mother's Birthplace,* Illinois

8. *Full Name of Father,* Christian Fredk Auslund

9. *Father's Occupation* Lumber merchant

10. *Father's Birthplace,* Sweden

Name of Medical Attendant, or other person who makes this Return, E. A. Reid M.D.

Address, 2505 Penna. Av.

Remarks,

8950005640

third day of each and every month to the office of the Com... or should no other person be in
shall occur without the attendance of a physician or practioner of midwifery, or parents of such
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68080

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 29 1895
4. Place of Birth, (Street and Number) S Castle st 23
5. Full Name of Mother, Barbara Herpel
6. Mother's Maiden Name, Ruth
7. Mother's Birthplace, Roxanen
8. Full Name of Father, William Herpel
9. Father's Occupation Lolor
10. Father's Birthplace, Germen

Name of Medical Attendant, or other person who makes this Return, Mary Shapter

Address, N Washington st 205

Remarks, 8950005641

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68081

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* Female - MANDRELLA RUTH FARRAR
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug 29
4. *Place of Birth, (Street and Number)* 1306 Mather
5. *Full Name of Mother,* Maud F. Mandrella
6. *Mother's Maiden Name,* Maud Farrar
7. *Mother's Birthplace,* Springfield Mass
8. *Full Name of Father,* John H. (MANDRELLA) Mandrella
9. *Father's Occupation,* Artist
10. *Father's Birthplace,* Media Penna

Name of Medical Attendant, or other person who makes this Return, Robert Kneass

Address, 320 N Gilmor St

Remarks,

8 7 5 0 0 0 5 6 4 2

said schedule shall be delivered, duly signed by the practitioner in charge, or attendant, or person in charge, within three days after the birth, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the person, or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. O. SULLIVAN CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 68082

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) — The fourth child.

1. *Sex, (state whether male or female)* — male.
2. *Race or Color, (if not of the white race)* — Colored race.
3. *Date of Birth,* — Aug 23, 1895.
4. *Place of Birth, (Street and Number)* — Olive St. 2008.
5. *Full Name of Mother,* — Maggie Turner.
6. *Mother's Maiden Name,* — Maggie Sawyers
7. *Mother's Birthplace,* — Calvert county Md.
8. *Full Name of Father,* — William Turner
9. *Father's Occupation,* — Blacksmith
10. *Father's Birthplace,* — Flatgrounds Va.

Name of Medical Attendant, or other person who makes this Return. — Mrs Millie Gross

Address, — 17 Winder St.

Remarks,

8750005643

and whether shall be delivered, duly signed, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a duly licensed physician or midwifery, or should no other person be in attendance upon the mother, the person who shall hereafter be in charge of such child shall be required, and it shall be the duty of such person to report the facts to the Commissioner of Health. In the manner and within the time prescribed, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

68083

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (3rd) third

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 29th
4. Place of Birth, (Street and Number) 1929 Eastern av
5. Full Name of Mother, Matilda Landin
6. Mother's Maiden Name, Chmielik Swerdin
7. Mother's Birthplace, Germany
8. Full Name of Father, Carl Johann Landin
9. Father's Occupation Machinist
10. Father's Birthplace, Malmo Sweden

Name of Medical Attendant, or other person who makes this Return, Gustav Goldman M.D.

Address, 2005 Eastern av.

Remarks, 8950005644

third day of each and every month by the physician or practitioner of midwifery, or at such time as the parents of such child may be able to do so, in attendance of a physician or practitioner of midwifery, or at such time as shall become the duty of the person or parents of such child to report its birth to the Commissioner, in the manner and within the period prescribed, and any such person or persons who shall wilfully or negligently fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68084

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 29th of Aug.
4. Place of Birth, (Street and Number) Bond St. 825
5. Full Name of Mother, Lina Hawlack
6. Mother's Maiden Name, " Derchek
7. Mother's Birthplace, Poland
8. Full Name of Father, John Hawlack
9. Father's Occupation Laborer
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Mary Jurczka

Address, 612 Bond St.

Remarks,

8950005645

shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time prescribed, and attendance upon the mother, immediately thereafter it shall become the duty of the person required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68085

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug. 30/95
4. Place of Birth, (Street and Number) 2008 Ft. Lafayette Str.
5. Full Name of Mother, Mary Selzer
6. Mother's Maiden Name, " Castephonce
7. Mother's Birthplace, Balto.
8. Full Name of Father, Louis Selzer
9. Father's Occupation Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough St.

Remarks, 8 9 5 0 0 0 5 6 4 6

Wm. J. C. Dulany Co., City Printers and Stationers.

Sec. 7. Fifth—Every month to be the duty of the Commissioner of Health, there no other person to be in attendance at any confinement or practiconer of midwifery, or should no other person be in attendance, the attendant shall forthwith report to the Commissioner of Health, in the manner and within the period above required, and shall cause to be registered the birth of such child, and within the period above required, and shall report to the Commissioner of Health, in the manner and within the period above required, and shall cause to be registered the birth of such child, and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected in the first offence to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

third day of each and every mon[illegible] or practioner of midwifery, or s[illegible] no [illegible] or parents of such
shall occur without the attendance of a physician [illegible] It shall become the duty of the person [illegible] above required, and
attendance upon the mother, immediately thereafter [illegible] of Health, in the manner and within the period [illegible]
child to report its birth to the Commissioner of Health [illegible] provisions of this section shall be sub-
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68086

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the tenth child

1. Sex, (state whether ~~male~~ or female)
2. Race or Color, (if not of the white race) 30 of Aug
3. Date of Birth, 16 W Montgomery St
4. Place of Birth, (Street and Number) Annie G Weyd
5. Full Name of Mother, Annie Muller
6. Mother's Maiden Name, Baltimore
7. Mother's Birthplace, George C Weyd
8. Full Name of Father, Blacksmith
9. Father's Occupation Baltimore
10. Father's Birthplace, Catherine Wunch

Name of Medical Attendant, or other person who makes this Return, 800 Leadenhall St

Address,

Remarks, 8 9 5 0 0 0 5 6 4 7

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68087

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug 30th 1895
4. *Place of Birth, (Street and Number)* 628 N Lee St
5. *Full Name of Mother,* Florence Birkhead
6. *Mother's Maiden Name,* Florence Dull
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Stephen J Birkhead
9. *Father's Occupation,* Shoe Cutter
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Theodore Cooke, M.D.

Address, 914 N. Charles St.

Remarks,

8950005648

third day of each and every month, it shall be the duty of every physician or practitioner of midwifery or any other person who shall occur within the month preceding, to report to the Registrar of Vital Statistics, the birth of a child, the parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, under penalty of the forfeiture of the sum of five dollars for each offense, and every such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 68088

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* August 3 1895
4. *Place of Birth, (Street and Number)* Carroll st 13.34
5. *Full Name of Mother,* Grace Virginia Watkins
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Harry Vincent
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Lucenia Mills

Address, 13.10 Cleveland st Balt

Remarks, 8 7 5 0 0 0 5 6 4 9

third day of each month, the attendance of a physician or practitioner of any other kind, or in the absence of such shall occur without the attendance of a physician or practitioner of any kind, the duty of the persons or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above stated, and any such person or persons who shall neglect or refuse to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68089

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, August 30th 1895.
4. Place of Birth, (Street and Number) 1018 Saratoga st.
5. Full Name of Mother, Margaret Roes.
6. Mother's Maiden Name, Margaret Kalb
7. Mother's Birthplace, Balto City.
8. Full Name of Father, William Roes
9. Father's Occupation Baker
10. Father's Birthplace, Baltimore City.

Name of Medical Attendant, or other person who makes this Return, John D. Pennington M.D.

Address, 1716 Sugden Ave.

Remarks,

8950005650

Wm. J. C. Dulany Co., City Printers and Stationers.

Every birth and every month to be reported by a physician or practitioner of midwifery, or should so be reported by such third day of each and every month to be reported by a physician or practitioner of midwifery, or should so be reported by such person or persons, the duty of the person or parents of such child to report such birth to the Commissioner of Health, in the manner and within the period herein set forth, and shall occur without the attendance of a physician or practitioner of midwifery, shall be reported by such person or persons, who shall have the duty of the person or parents of such child to report such birth to the Commissioner of Health, in the manner and within the period herein set forth, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68090

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, August 30 '95
4. Place of Birth, (Street and Number) 2007 Kenyon St.
5. Full Name of Mother, Mary Walz
6. Mother's Maiden Name, Schneradgrab
7. Mother's Birthplace, Balto Md
8. Full Name of Father, John Walz
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Caroline

Address, 1605 Walker St.

Remarks,

This act requires the attendance of a physician or midwife at every birth, and it shall become the duty of the person or parents of any child born to see that such attendance is provided, and if any such birth shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child, immediately thereafter, in the manner and within the time prescribed, to give notice of such birth, in the manner and within the time prescribed, and if such attendance or such notice shall not be so provided, or such notice be not given, the person or persons upon whom the duty is hereby imposed to provide such attendance or give such notice, who shall neglect or fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

6 7 5 0 0 0 5 6 5 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 680 91

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 9th.
4. Place of Birth, (Street and Number) 723 E. Hoffman
5. Full Name of Mother, Mary E. Furlong
6. Mother's Maiden Name, J. Burns
7. Mother's Birthplace, Balto
8. Full Name of Father, Michael E. Furlong
9. Father's Occupation Teamster
10. Father's Birthplace, Balto Co.

Name of Medical Attendant, or other person who makes this Return, W. B. Berry M.D.

Address. Full name of child - Walter Burns Furlong

Remarks.

8950005653

shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above prescribed, and any such person or parents who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68092

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. ~~Date of Birth,~~ Balto. M. Maternity 297 N. Bond
4. ~~Place of Birth,~~ (Street and Number) August 30/905
5. Full Name of Mother, Alice Oliver
6. Mother's Maiden Name, " Fuller
7. Mother's Birthplace, Cockeysville Md.
8. Full Name of Father, J. F. Oliver
9. Father's Occupation Boiler Maker
10. Father's Birthplace, Balto. City.

Name of Medical Attendant, or other person who makes this Return H. C. Ohlendorf M. D.

Address, 578 N. Bond St.

Remarks, 8950005653

Third day of each and every month, to the physician or practitioner of midwifery, or should no other person be in attendance without the attendance of a physician or practitioner of midwifery, the person or parents of such child, or the person in charge of such mother and child, within the period above required, and upon the mother, commissioner of health, in the manner and with the provisions of this section, shall be such any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 68093

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug. 30/95
4. *Place of Birth, (Street and Number)* 1838 R. Lombard Ste.
5. *Full Name of Mother,* Annie K. Thoma
6. *Mother's Maiden Name,* " " Heimann
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Michael Thome
9. *Father's Occupation* Agents
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Doisenhofer

Address, 2225 Gough Ste

Remarks, 8950005654

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health, as aforesaid, or shall no other person be in said room without the attendance of a physician or midwifery, or should no other person be in said room without the attendance of a physician or midwife, the duty of the person or persons so attending upon the mother, immediately on the birth of such child, to report its birth to the Commissioner of Health, in the manner and within the prescribed time, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to fine or imprisonment, or both, at the discretion of the Court, and forfeitures are recoverable.

RETURN OF A BIRTH. 68094

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d.

1. Sex, (state whether male or female) male.
2. Race or Color, (if not of the white race) white.
3. Date of Birth, August the 30 th.
4. Place of Birth, (Street and Number) 1119 Nanticoke street.
5. Full Name of Mother, Clara Lehmann
6. Mother's Maiden Name, Clara Trimper
7. Mother's Birthplace, Germany.
8. Full Name of Father, Ernest Otto Lehmann
9. Father's Occupation Baker.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return. Mrs Bange

Address, 711 Cross st

Remarks,

8 9 5 0 0 0 5 6 5 5

said schedule as aforesaid every month to the office of the Commissioner of Health. In case no other person shall be in attendance at the birth, or in case of a midwifery, or should no other person be in attendance upon the mother, immediately thereafter, the person who shall become the duty of the person so required, and shall occur within the city, shall be required to report the birth to the Commissioner of Health, in the manner and within the period required, such child to report its birth to the Commissioner hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other dues and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68095

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 30th August 1895
4. Place of Birth, (Street and Number) 1040 Fort Ave
5. Full Name of Mother, Amanda Bubel
6. Mother's Maiden Name, Muldoon
7. Mother's Birthplace, Dorchester Co Md
8. Full Name of Father, William E Bubel
9. Father's Occupation Riverman
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Elizabeth Gerwell

Address, 436 E Fort Ave

Remarks.

6950005655

shall occur without the attendance of a physician, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter, it shall become the duty of the person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. Sept 5/95 68096

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d.

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) Colored
3. Date of Birth Aug. 30. 1895
4. Place of Birth (Street and Number) 567 W. Hoffman St.
5. Full Name of Mother Jennie S. Brown
6. Mother's Maiden Name " " Maffield
7. Mother's Birthplace Harford Co. Md.
8. Full Name of Father Elmer Brown
9. Father's Occupation Waiter
10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this Return. W. H. Thompson

Address 524 St. Paul St.

Remarks 8950005657

within six days thereafter, stating as nearly as may be the date of birth, the full name, nativity, and residence born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH. 68097

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d. &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color. (if not of the white race)* Colored
3. *Date of Birth.* Aug 30th 1895
4. *Place of Birth. (Street and Number)* 613 Robins St
5. *Full Name of Mother,* Maggie E Preston
6. *Mother's Maiden Name,* Maggie E Smith
7. *Mother's Birthplace,* West River Md.
8. *Full Name of Father,* Thomas Preston
9. *Father's Occupation* Waiter
10. *Father's Birthplace,* Keezeysville Jeff Co W Va.

Name of Medical Attendant, or other person who makes this Return. Jennie Dixon

Address, 640 Robins St

Remarks, 8950005658

said schedule shall be delivered every month to the office of the Commissioner of Health. In case the said person be in third day of each month the attendance of a physician or midwifery, or should no other person be in attendance within the time specified, it shall become the duty of the person or persons of such shall occur upon the mother, immediately the Board of Health, in the manner and within the time required, and child to report its birth to the Board, and shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68098

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug. 30 1915
4. *Place of Birth, (Street and Number)* Alice Ann 1015
5. *Full Name of Mother,* Ezra Bovack
6. *Mother's Maiden Name,* " Dick
7. *Mother's Birthplace,* Poland
8. *Full Name of Father,* Joseph Bovack
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Poland

Name of Medical Attendant, or other person who makes this Return. Mary Krotkiewicz

Address, 1002 Ashland

Remarks,

8950005659

shall occur without the attendance of a Physician, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68099

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 30 August
4. Place of Birth, (Street and Number) 1311 Hull st.
5. Full Name of Mother, Sarah Ann Williams
6. Mother's Maiden Name, " " Hopkins
7. Mother's Birthplace, England
8. Full Name of Father, John Williams
9. Father's Occupation Labor
10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return, Rudy. W. Jones

Address, 1331 Hull st. Locus Point.

Remarks,

6950005660

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be [illegible] to the office of the Commissioner of Health, [illegible] or should any other person be in [illegible] or practice of midwifery, or should any person or persons [illegible] third day of each and every month to the office of the Commissioner of Health, [illegible] shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such [illegible] to report the same to the Commissioner of Health, in the manner and within the period above required and [illegible] attendance upon the mother, under the penalties of the ordinance of the City of Baltimore, which provides that [illegible] any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5. m

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 31st 1895
4. Place of Birth, (Street and Number) 717 Dover st
5. Full Name of Mother, Mary E Reilly
6. Mother's Maiden Name, Gorigan
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Geo Reilly
9. Father's Occupation, Carrier
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Catherine Schack

Address, No 735 W Pratt St Baltimore Md

Remarks,

1895 0005661

RETURN OF A BIRTH. 68101

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, August 31
4. Place of Birth, (Street and Number) 611 N. Vincent St
5. Full Name of Mother, Lilly Williams
6. Mother's Maiden Name, "
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, John Spriggs
9. Father's Occupation Baltimore Md
10. Father's Birthplace, B C Cattin Md

Name of Medical Attendant, or other person who makes this Return.

Address, 1122 N Mount street

Remarks, 8950095662

Wm. J. C. Dulany Co., City Printers and Stationers

third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance, then the midwife or practicner of midwifery, or the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and shall also report upon the mother, blank forms for the purpose will be furnished by the Commissioner of Health, in the manner and within the period above required, and shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68102

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Aug 31
4. *Place of Birth, (Street and Number)* 1247 Jackson st
5. *Full Name of Mother,* Jane Mcginnis
6. *Mother's Maiden Name,* " Carroll
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Frank Mcginnis
9. *Father's Occupation* Bachman
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Ross Ulbig

Address, 1302 E. Lexington st

Remarks, 8950005663

Wm. J. C. Dulany Co., City Printers and Binders.

RETURN OF A BIRTH. 68103

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Aug 31
4. Place of Birth, (Street and Number) 1920 Ashland Ave
5. Full Name of Mother, Annie M. Dedis
6. Mother's Maiden Name, Goldback
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles F. Dedis
9. Father's Occupation, Baltimore
10. Father's Birthplace, Bricklayer

Name of Medical Attendant, or other person who makes this Return, Mary A. Allwell

Address, 1438 Bond St

Remarks, 8950005664

shall occur within the period above required, and shall become the duty of the person in the manner and within the period above required, and attendance upon the mother, immediately thereafter it shall become the duty of the person in charge of the place of birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall wilfully or after fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68104

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

shall occur without the attendance of a physician, it shall become the duty of the person or parents of such child, or the person in attendance upon the mother, immediately thereafter, to report the birth to the Commissioner of Health, in the manner and within the period above required, and shall report the birth of every child born in the City of Baltimore, of which he or she shall be the attendant, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, August 31, '95
4. Place of Birth, (Street and Number) 612 N. Castle St.
5. Full Name of Mother, Louise Rosenberger
6. Mother's Maiden Name, Sagra
7. Mother's Birthplace, Balto Md.
8. Full Name of Father, Frank Rosenberger
9. Father's Occupation Tailor
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Caroline Mallery

Address, 1605 Walker St.

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68105

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 –

1. Sex, (state whether male or female) M –
2. Race or Color, (if not of the white race) W
3. Date of Birth, Aug 31-95 –
4. Place of Birth, (Street and Number) 733. N. Fulton Ave
5. Full Name of Mother, Emma – Bye Handy
6. Mother's Maiden Name, Bye –
7. Mother's Birthplace, B.C
8. Full Name of Father, Wm Handy –
9. Father's Occupation Salesman
10. Father's Birthplace, B. C

Name of Medical Attendant, or other person who makes this Return. Irving Miller M

Address, 1207 E. Monument St –

Remarks, 8950005666

RETURN OF A BIRTH 68106

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race)
3. Date of Birth, August 31st 1895
4. Place of Birth, (Street and Number) 931 Sterling St
5. Full Name of Mother, Rosalind Hall
6. Mother's Maiden Name, Seibold
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Douglas Vincent Hall
9. Father's Occupation, Policeman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. C Hampson Jones

Address, 211 N. Franklin St

Remarks, 8950005667

third day of each month, the attendance of a physician or midwife shall be required. It shall be the duty of the person or parent of a child born, if no physician or midwife be in attendance, to report the birth to the Board of Health, in the manner and within the period above required, and shall occur within the mother, immediately after. It shall become the duty of the attendant, if any, to report its birth to the Commissioner of Health, in the manner and within the period above required, and shall occur within the mother, immediately after. Any such Person or person, who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence; to be recovered as other fines and forfeitures are recoverable.

DULANY & CO. - CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 68107

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, Aug 31 – 1895
4. Place of Birth, (Street and Number) 507 S. Fremont Ave.
5. Full Name of Mother, Carrie M. Schaeffer
6. Mother's Maiden Name, Carrie M. Baile
7. Mother's Birthplace, Balto. Md
8. Full Name of Father, John Schaeffer
9. Father's Occupation, Baker
10. Father's Birthplace, Balto. Md

Name of Medical Attendant, or other person who makes this Return. Henry Boyd

Address, 677 Columbia ave.

Remarks, 8 9 5 U 0 0 5 6 6 8

all persons who shall neglect every month to give notice to the office of the City Health Department of midwifery or should no other person or persons be present, the attendance of a physician or practitioner of midwifery of the person or persons of such third day of each month thereafter it shall become the duty of the person or persons required, and shall occur within the City of Baltimore, to report its birth to the Commissioner of Health, in the manner and within the period above required, and upon the mother, immediately after the birth, to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. G. BULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 68108

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 31 1895
4. Place of Birth, (Street and Number) 112 N Tamar St
5. Full Name of Mother, Catherine Garrison
6. Mother's Maiden Name, Shea
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Tom Mc Garrison
9. Father's Occupation Carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Sarah P Harrington

Address, 924 Binney St

Remarks,

8950 05669

Wm. J. C. Dulany Co., City Printers and Stationers.

This blank must be filled in the presence of a physician or midwife, who shall become the duty of the person, or parents of such child, to report the same to the Registrar, in the manner and within the period above required, and shall occur without the attendance of a physician or midwife, in the manner and within the period above required, and attendance upon the mother, shall immediately thereafter, in the manner and within the period above required, and child to report the same to the Commissioner of Health, in the manner and within the provisions of this section shall be subject to the penalty of fifty dollars for each offence, to be recovered as other fines and forfeitures are recoverable. Any person or persons who shall have or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68109

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3
1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, august the 31" 18:98
4. Place of Birth, (Street and Number) Ramsey st No 156
5. Full Name of Mother, nettie A Heinzenberger
6. Mother's Maiden Name, nettie A Kaufman
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Louis E Hinzenberger
9. Father's Occupation Butcher
10. Father's Birthplace, Baltimore
Name of Medical Attendant, or other person who makes this Return, Mrs S Kelley
Address, No 1922 Wilkins Av
Remarks,

8950005670

third day of each and every month to the office
shall occur without the attendance of a physician or practioner of midwifery, or should no other pers
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 08110

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 31 August 1895
4. Place of Birth, (Street and Number) 1329 Bayard St
5. Full Name of Mother, Kate Johnson
6. Mother's Maiden Name, Kate Figet
7. Mother's Birthplace, Balto
8. Full Name of Father, Elbie Johnson
9. Father's Occupation Driver
10. Father's Birthplace, Balti

Name of Medical Attendant, or other person who makes this Return, Dr. R. Lazkey

Address, 2136 Baltimore

Remarks, Living Child

1895 00 85671

Wm. J. C. Dulany Co., City Printers and Stationers.

Every physician or practitioner or midwife, or in the absence of the attendance of a physician or practitioner or midwife, the duty of the person or parents of each child to report the birth of such child to the Registrar of Vital Statistics, within the period of ten days after the birth, and third day of each and every attendance. It shall become the duty of the person or parents of such child to report the birth of such child to the Registrar of Vital Statistics, within the period of ten days after the birth, immediately after the birth, in the manner and form prescribed by the rules and regulations of the Board of Health, in the manner with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68111

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* August 31st 1893.
4. *Place of Birth, (Street and Number)* 1614 Alice Anna St
5. *Full Name of Mother,* Jennie Lyuschman
6. *Mother's Maiden Name,* Jennie Bromer
7. *Mother's Birthplace,* Baltimore City.
8. *Full Name of Father,* Chas Wuschman.
9. *Father's Occupation.* Stevedore
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mrs. Anna Lenz Midwife

Address, 1539 Alice Anna St City

Remarks,

8 4 5 0 0 8 5 0 7 2

said schedule each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately after the birth of such child, the person so employed, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 68112

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug 31st 1895
4. *Place of Birth, (Street and Number)* 210 Fairmount Avenue
5. *Full Name of Mother,* Minnie Brooks
6. *Mother's Maiden Name,* " Schneider
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Co Conn Brooks
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs H. E. Lewis

Address, 2413 Orleans Street

Remarks,

8 → 5 0 0 0 5 6 7 3

third day of each and every month, a physician or practitioner of midwifery, or the parent or parents of such child, or person or persons with whom such child shall become the duty of the parent or parents of such shall occur without the other, immediately thereafter, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68113

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 31 August 1895
4. Place of Birth, (Street and Number) 1817 Light St
5. Full Name of Mother, Sarah Lockwood
6. Mother's Maiden Name, Eaton
7. Mother's Birthplace, Eastern Shore
8. Full Name of Father, Edward Lockwood
9. Father's Occupation Tug Boat Captain
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. Mrs E K Brooks

Address, 1828 Light St

Remarks, Boating Mill

8 9150005674

Third day of each month a physician or midwife or other person who shall be the person or parents of such child, to report its birth to the Board of Health, in the manner and within the period hereinbefore required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68114

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) //

1. Sex, (state whether ~~male or~~ female) female
2. Race or Color, (if not of the white race) colored
3. Date of Birth, august 31 - 1895 - at 25 minutes of 12 o'clk
4. Place of Birth, (Street and Number) 815 Shuter street
5. Full Name of Mother, Clara amelia Dellar
6. Mother's Maiden Name, - - - - - - - - Proctor
7. Mother's Birthplace, Fredrick City Md
8. Full Name of Father, Chas. - - Dellar
9. Father's Occupation, labor and oyster shucker
10. Father's Birthplace, Baltimore City Md

Name of Medical Attendant, or other person who makes this Return. Lostshine Cooper

Address, 821 Shuter street

Remarks, mother and child getting along nicely

Baltimore Md

B 3 0 0 0 5 6 7 5

ESE. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 68115

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 3 August 1895
4. Place of Birth, (Street and Number) 1130 Hanover st
5. Full Name of Mother, Jane Hughes
6. Mother's Maiden Name, Smith
7. Mother's Birthplace, Balto
8. Full Name of Father, William Hearty
9. Father's Occupation Gas Maker
10. Father's Birthplace, Frederick

Name of Medical Attendant, or other person who makes this Return, Mrs E K Brooks

Address, 1528 Eagle st

Remarks, Dorsey Hill

8950005676

third day of each and every month a physician or practitioner of medicine or midwife or other person or parents of such shall occur without the attendance of a physician or practitioner of medicine, the duty of the person or parents of such immediately thereafter, I shall become and within the period above recited, shall report to the Commissioner of Health, in the manner and within the period above recited, and attendance upon the birth, the duty of the person or parents of such child shall be the same as if no such child to report to the Commissioner of Health, in the manner and within the period above recited, and shall comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68116

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 31 1895
4. Place of Birth, (Street and Number) 1263 William St
5. Full Name of Mother, Carolia Copp
6. Mother's Maiden Name, Elfrit
7. Mother's Birthplace, Balto.
8. Full Name of Father, Joseph Copp
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Carolina Schwartz

Address, 434 E Fort ave

Remarks,

0950005677

third day of each and every month, shall be a physician or practitioner on all births, it shall be the duty of the person or parents of such shall occur without the attendance of a physician or practitioner, it shall be the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above stated, and attendance upon the birth to the Commissioner of Health, in the manner and within the period above stated, and such person or persons who shall neglect or fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

68117

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

within six days thereafter, stating the fact of such birth, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth August 31st 1895
4. Place of Birth (Street and Number) 340 E 22nd St
5. Full Name of Mother Lizzie A. Milburn
6. Mother's Maiden Name Lizzie A. Brunker
7. Mother's Birthplace Maryland
8. Full Name of Father John H. Milburn
9. Father's Occupation Civil Engineer
10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this return Samuel J. Bolt M.D.

Address 314 N. Eutaw St

Remarks 8950005678

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 68118

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colord
3. Date of Birth. August 31 1895
4. Place of Birth, (Street and Number) 1537 Bruce st
5. Full Name of Mother, Liza Makle
6. Mother's Maiden Name, Liza Barman
7. Mother's Birthplace, Calvert Co
8. Full Name of Father, Washington Makle
9. Father's Occupation Labor
10. Father's Birthplace, Calvert Co

Name of Medical Attendant, or other person who makes this Return. Sarah Rollins

Address, 1610 Vincent st

Remarks.

8950005878

Wm. J. C. Dulany Co., City Printers and Stationers.

The Registrar shall not be entitled to receive a physician or place a fee in his bill for the duty of the person or parents of such child, and any such person who shall neglect or refuse to perform the duty herein required, and shall occur without the attendance of a physician or place a fee in his bill for the duty of the person or parents of such child, and any such person who shall neglect or refuse to perform the duty herein required, and attendance upon the mother immediately after the birth, shall be deemed guilty of a misdemeanor, and shall be subject to the provisions of this section shall be subject to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68119

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 31th 95
4. Place of Birth, (Street and Number) 626 George St.
5. Full Name of Mother, Mary G. McCarthy
6. Mother's Maiden Name, " " " Leonard.
7. Mother's Birthplace, New York City
8. Full Name of Father, John T. McCarthy.
9. Father's Occupation Physician
10. Father's Birthplace, Hartford Conn.

Name of Medical Attendant, or other person who makes this Return, John T. McCarthy

Address, 626 George St.

Remarks,

1895 0005680

Wm. J. C. Dulany Co., City Printers and Stationers.

Any person who shall neglect or refuse to report the birth of a child, or shall report the birth of a child to report its birth to the Commissioner of Health, in the manner and within the period above required, and shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68150

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 31st 95
4. Place of Birth, (Street and Number) 1842 N. Balto St
5. Full Name of Mother, Josephine Kelly
6. Mother's Maiden Name, Josephine Morgan
7. Mother's Birthplace, Halifax
8. Full Name of Father, John Kelly
9. Father's Occupation, Machinist
10. Father's Birthplace, N.S.
Name of Medical Attendant, or other person who makes this Return. Joseph Blum
Address, C. H. Jones M.D.
Remarks,

8 9 5 0 0 0 5 6 8 1

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68121

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, August 21-95
4. Place of Birth, (Street and Number) 516 Hanover St
5. Full Name of Mother, Lelia L. Mason
6. Mother's Maiden Name, Lelia L. Hicks
7. Mother's Birthplace, Richmond
8. Full Name of Father, John a Mason
9. Father's Occupation Tailor
10. Father's Birthplace, Gloster Co. Virginia

Name of Medical Attendant, or other person who makes this Return, John C. Graves M.D

Address, 109 Conway St

Remarks,

1895 0005682

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] of a physician or practitioner or midwife or other person or parents of such child, shall immediately thereafter, in the manner and within the time required, and attendance upon the mother, shall be the duty of the person or persons who shall be subject to the Commissioner of Health to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68122

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 31st August
4. Place of Birth, (Street and Number) No 1003 Burgundy Alley
5. Full Name of Mother, Maria Durr
6. Mother's Maiden Name, " " Scholz
7. Mother's Birthplace, Steigau Germany
8. Full Name of Father, Wilhelm Durr
9. Father's Occupation Shoemaker
10. Father's Birthplace, Stockach Ger.

Name of Medical Attendant, or other person who makes this Return, Mrs L. M. Bischoff

Address, No 829 Columbia Ave.

Remarks,

895000560 3

shall occur without the attendance of a physician, it shall become the duty of the person or parents of said child to report its birth, as herein directed, within the time and in the manner aforesaid, and the attendance upon the mother, the Commissioner of Health, in the manner and within the time aforesaid, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68123

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 3 August 1895
4. Place of Birth, (Street and Number) 108 W. Weser st
5. Full Name of Mother, Emma Glaser
6. Mother's Maiden Name, Lordas
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry R. Glaser
9. Father's Occupation Tinder
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Wm. E. B. Brooks

Address, 1528 Eutaw st

Remarks, Living Well

0950005684

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68124

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 31 August
4. Place of Birth, (Street and Number) Langaster st. 1610
5. Full Name of Mother, Wiktorie Gurbelsky
6. Mother's Maiden Name, Snehovska
7. Mother's Birthplace, Pole
8. Full Name of Father, Paul Gurbelsky
9. Father's Occupation, Suhmeker
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return, Mari Predl

Address, S. Bond st. 838

Remarks,

8 4 5 0 0 5 6 3 5

shall occur without the attendance of a physician or midwife, it shall become the duty of the person or persons in charge of the house where such birth shall occur, or in the absence of such person or persons, then the person who shall be called to attend the mother, immediately thereafter to make a return of such birth to the Registrar of Vital Statistics, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be, and is hereby declared to be guilty of a misdemeanor, and shall be subjected to the fine of ten (10) dollars for each offence; to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68125

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug. 31
4. Place of Birth, (Street and Number) Bond St. 409
5. Full Name of Mother Dora Matea
6. Mother's Maiden Name, " Rosopka
7. Mother's Birthplace, Poland
8. Full Name of Father, Ignatz Matea
9. Father's Occupation Laborer
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Mary Krozka

Address, 602 Bond St.

Remarks,

8950005686

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be a physician or practitioner of midwifery, or should no such [illegible] shall occur without the attendance of a physician or practitioner of midwifery, it shall become the duty of the person, or parents of such offspring, if living, and if not living, then of the person who may have been present at the birth, and upon the mother, immediately thereafter, to report its birth to the Commissioner of Health, in the manner and within the time prescribed by law; and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68126

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White Jew.
3. *Date of Birth,* 31 of Aug
4. *Place of Birth, (Street and Number)* 136 Harrisson st
5. *Full Name of Mother,* Anna Noosinow
6. *Mother's Maiden Name,* Anna Kaiscewitz
7. *Mother's Birthplace,* Ponewesch Russia
8. *Full Name of Father,* Joseph Noosinow
9. *Father's Occupation* Pedler
10. *Father's Birthplace,* Berdiczow Russia

Name of Medical Attendant, or other person who makes this Return, Mrs Eva Kohn

Address, 233 Harrisson st

Remarks, Mother and child are well.

8 7 5 0 0 0 5 6 8 7

third day of each and every month [illegible] shall occur without the attendance of a physician or practitioner of midwifery, or should no other person [illegible] attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the form above prescribed, under penalty of any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68127

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 31 august 1895
4. *Place of Birth, (Street and Number)* 422 Fairmount Ave
5. *Full Name of Mother,* Henrietta Appelbaum
6. *Mother's Maiden Name,* Oppenheimer
7. *Mother's Birthplace,* ~~Russia~~ Germany
8. *Full Name of Father,* Harris Appelbaum
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. E. Scherman

Address, 42 Albemarle St

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

8950 05888

Sec. 1. Be it ordained, that every month to be one of the Commissioners of Health, or shall be the third day of each and every month to be one of the Commissioners of Health, or shall no other period be shall occur within the office of a physician or practitioner of medicine, or midwifery, or shall no other period be attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of a child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68128

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 15 August
4. Place of Birth, (Street and Number) Charles bet Wilkins ave No 1311
5. Full Name of Mother, Lottie Brown
6. Mother's Maiden Name, Lottie Hammond
7. Mother's Birthplace, U. S. Md
8. Full Name of Father, Peter Brown
9. Father's Occupation Laboring work
10. Father's Birthplace, Charles Co. Md

Name of Medical Attendant, or other person who makes this Return, Gracey Harris

Address, No 818 Stockholm st.

Remarks,

1 8 7 5 0 0 3 5 6 8 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68129

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Aug 19 —
4. Place of Birth, (Street and Number) 412 E Cathedral St
5. Full Name of Mother, Mrs Lizzie Cunningham Stephenson
6. Mother's Maiden Name, "
7. Mother's Birthplace, Va
8. Full Name of Father, Chas H Stephenson
9. Father's Occupation Fireman
10. Father's Birthplace, W Va

Name of Medical Attendant, or other person who makes this Return, E. E. Collins

Address, Lemmon Ag

Remarks, On Visit to City.

8950005690

Wm. J. C. Dulany Co., City Printers and Stationers.

Sec. 10. Fines and every month to the office of the Commissioner of Health, or should no other person be in attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons so and within twenty-four hours after the birth of such child to report its birth to the Commissioner of Health, in the manner and within the period of time prescribed in this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 68131

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) B
3. Date of Birth, 8-28-95
4. Place of Birth, (Street and Number) Union St & Pearall
5. Full Name of Mother, Mary Distance
6. Mother's Maiden Name, Mary Smith
7. Mother's Birthplace, Md
8. Full Name of Father, Joe Distance
9. Father's Occupation, Street Grab
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return, Edward Geer

Address,

Remarks,

6 9 5 0 0 0 5 6 2 1

[illegible] day of each and every [illegible] physician or practitioner in the city [illegible] person or parents of such child occur without the attendance of a physician or practitioner in the city, [illegible] shall be the duty of the person or parents of such attendance upon the mother, immediately thereafter, to report the birth to the Board of Health, in the manner and within the period above required, and child to report its birth to the Board of Health, in the manner and within the period above required, and [illegible] shall become and shall be deemed the person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. A. B. BRANDT & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 68132

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug. 19th 1925
4. Place of Birth, (Street and Number) 2502 York Road
5. Full Name of Mother, Grace E. Bokel
6. Mother's Maiden Name, Gorsch
7. Mother's Birthplace, Baltimore
8. Full Name of Father, E. T. Bokel
9. Father's Occupation Restaurant
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. L. T. Hart

Address, 815 Jefferson Ave

Remarks, Waverly

0950005692

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall occur without the attendance of a physician or [illegible] duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period of time required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68133

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug. 21st 1895
4. *Place of Birth, (Street and Number)* 221 Centre St
5. *Full Name of Mother,* Julia V Dwyer
6. *Mother's Maiden Name,* Handly
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Charles A Dwyer
9. *Father's Occupation* Deputy Warden City Jail
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, Dr J B. Hart

Address, 815 Jefferson St

Remarks,

[illegible] month to the office of the [illegible] or should no other person be [illegible] shall occur without the attendance of a physician or practioner of midwifery, or should no other person be [illegible] attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of each [illegible] to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other debts and forfeitures are recoverable.

(over)

RETURN OF A BIRTH. 68134

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug. 28th 1895
4. *Place of Birth, (Street and Number)* 6 Dumbarton Ave
5. *Full Name of Mother,* Elizabeth R. ~~His~~ Hess
6. *Mother's Maiden Name,* Cummings
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* A Frank ~~His~~ Hess
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* W. Virginia

Name of Medical Attendant, or other person who makes this Return, Dr J B Hart

Address,

Remarks,

Gordon Cumming Hess

8950005694

Wm. J. C. Dulany Co., City Printers and Stationers.

SEC. 27. Which shall provide that the attendance of a physician or practitioner at the birth of the person or parents of such child shall occur without the attendance of a physician or practitioner, it shall become the duty of the person or parents of such attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in such manner as shall be required, and shall be entitled to receive from said Commissioner a certificate of such birth, for which service the said Commissioner shall receive twenty-five cents; and any person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68216

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

1. No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2
2. Sex, (state whether male or female) Female
3. Race or Color, (if not of the white race) White
4. Date of Birth, Sept 6
5. Place of Birth, (Street and Number) 617 N. Lombard St
6. Full Name of Mother, Lizzie Kerr
7. Mother's Maiden Name,
8. Mother's Birthplace,
9. Full Name of Father,
10. Father's Occupation
11. Father's Birthplace,
12. Name of Medical Attendant, or other person who makes this Return, Macall P. Brum
13. Address, 617 N. Lombard St.
14. Remarks, 8 7 5 0 0 0 5 6 9 5

third day of each and every month to a physician or practioner of midwifery, or month so to do, the child of such shall occur without the attendance, duly thereafter it shall become and within the period above fixed, and attendance upon the mother, the person in charge of such child to report it to the Commissioner of Health, comply with the provisions of the ordinance shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

m. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68217

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Harry Goodman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept. 1st 1895
4. *Place of Birth, (Street and Number)* 617 N Lombard st
5. *Full Name of Mother,* Fanny Goodman
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Mackall R. Bruin

Address, 617 N. Lombard St

GIVEN NAME ADDED. 6-10-52

Remarks, 8950005696

third day of each and every month, in the absence of a physician or practioner of medicine, it shall be the duty of the person or parents of such child, to give the notice hereinbefore required, and shall occur without the notice immediately thereafter, it shall become the duty of the person or parents of such child, to give the notice herein required, within the period above required, and attendance upon the birth to the Commissioner of Health, in manner and form as required by this section, and in default of such notice, or neglect or refusal to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable; any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

M. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68218

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth.* Sept. 1 95
4. *Place of Birth, (Street and Number)* 409 Dover St
5. *Full Name of Mother,* Mattie M. Smith
6. *Mother's Maiden Name.*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. J. McFadin Dick

Address, 629 W Lombard St

Remarks, 0950005697

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68219

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) X

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Sept. 1. 95
4. *Place of Birth, (Street and Number)* 1357 Irwin st
5. *Full Name of Mother,* Martha Bonnet
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. Macfall T. Bruin

Address, 602 W. Lombard st.

Remarks, 6 9 5 U 0 0 5 6 9 8

third day of each and every month a physician or practitioner or midwife, or the person or parents of such child, shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and shall occur upon the mother, immediately on the birth of such child, with the provisions of this section shall be authorized to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered, as other fines and forfeitures are recoverable.

m. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68220

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, September 4th 1895
4. Place of Birth, (Street and Number) Md. Lying-in Hospital
5. Full Name of Mother, Annie Stymon
6. Mother's Maiden Name, Annie Stymon
7. Mother's Birthplace, Virginia
8. Full Name of Father, unknown
9. Father's Occupation, unknown
10. Father's Birthplace, unknown

Name of Medical Attendant, or other person who makes this Return. T. Wkerown A.B. M.D.

Address, Md Lying-in Hospital Linden Ave

Remarks, 1895 0005699

shall occur without the order, immediately thereafter, shall become due and payable to the period above required, and shall be sub-
ordinance upon the mother, in the manner and subject to the provisions of this section, shall be sub-
ject to the Police Commissioner of Baltimore, to be recovered as other fines and forfeitures are recoverable.
child to report to the Registrar, or any person who shall fail to comply with the provisions of this section, shall be sub-
any such person or persons who shall be guilty of any other offence, to be recovered as other fines and forfeitures are recoverable.
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68221

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Sept. 4th 1905
4. Place of Birth, (Street and Number) Maternity 113+115 N. Lombard
5. Full Name of Mother, Lottie Thomas
6. Mother's Maiden Name, Lottie Thomas
7. Mother's Birthplace, Maryland
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. Chas. E. Brack M.D.

Address, 113+115 N. Lombard St.

Remarks.

1 0 Y 5 0 0 0 5 7 0 0

shall occur without the attendance of a physician, shall hereafter it shall become the duty of the person or persons required and authorized by law to report the birth of a child, to report such birth to the registrar of vital statistics, within the period above required, and upon the mother, immediately after the birth of such child, in the manner and with the provisions of this section, and any such person or persons who shall hereafter fail to report such birth, or who shall hereafter fail to report the birth of a child as aforesaid, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68522

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said sc[illegible] third day of each and every month to the office of the [illegible] shall occur without the attendance of a physician or practioner of midwifery, or should no [illegible] attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Sept 4th/95.

4. *Place of Birth, (Street and Number)* Maternite 113+115 W. Lombard

5. *Full Name of Mother,* Jessie Brawn

6. *Mother's Maiden Name,* Jessie Brawn

7. *Mother's Birthplace,* New Jersey

8. *Full Name of Father,* "

9. *Father's Occupation* "

10. *Father's Birthplace,* "

Name of Medical Attendant, or other person who makes this Return, Chas. E. Brack M.D.

Address, 113+115 W. Lombard St.

Remarks,

895[illegible]761

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68523

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Sept. 4 95
4. Place of Birth, (Street and Number) 914 Battle st
5. Full Name of Mother, Effie Clemens
6. Mother's Maiden Name.
7. Mother's Birthplace.
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. Roxall R. Brum

Address, 609 W. Lombard st

Remarks, 8950005702

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68224

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Apr. 4 1895
4. *Place of Birth, (Street and Number)* 622 W. Lombard
5. *Full Name of Mother,* Annie Hopewell
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. J. McZuddin Deck

Address, 622 W. Lombard St.

Remarks, 1895005703

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] month to the [illegible] or practitioner of midwifery, or other person or parents of such [illegible] third day of each and every month to the Office of Registrar of Vital Statistics, Board of Health, Baltimore City, in the form of such attendance of a physician or midwifery, or other person or parents, shall be required, and [illegible] shall occur without the attendance of a physician or midwifery, or other person or parents, within the period above specified, such [illegible] immediately on the birth, to the Registrar of Vital Statistics, in the manner prescribed by the rules and regulations of the Board of Health, in the [illegible] attendance upon the birth to the Commissioner of Health, in the manner prescribed by the provisions of this section, shall be sub- [illegible] shall neglect or refuse to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

To the Office of Registrar of Vital St

No. of Child of Mother, (state whether 1st, 2d,

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,*
4. *Place of Birth, (Street and Number)* Mel
5. *Full Name of Mother,* Fanni
6. *Mother's Maiden Name,* Fanni
7. *Mother's Birthplace,* Michigan
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return.

Address, 113+11

Remarks,

RETURN OF A BIRTH. 6832

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Sept. 5 - 15
4. Place of Birth, (Street and Number) 5 Barnes Court
5. Full Name of Mother, Harriet Castle
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, M. Gaddis Dick

Address, 629 W. Lombard St.

Remarks, 0950005705

that day of each and every birth by a physician or practitioner of the healing art, or by a person or persons of such shall occur without the attendance of a physician or practitioner, it shall become the duty of the person or persons of such family where such birth shall occur, immediately thereafter, in the manner and within the period now required, and attendance upon the mother, to give information of such birth to the Commissioner of Health, in the manner required, and child to report the birth to the Commissioner of Health, in the manner required by the provisions of this section shall be sub- any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be sub- jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68227

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Sept 6 - 23
4. Place of Birth, (Street and Number) 848 Pitborg St.
5. Full Name of Mother, Susie Gregory
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return Jackall O'Brien

Address, 602 W. Lombard St

Remarks, 8 7 5 0 0 0 5 7 0 6

third day of each month, a return of a physician or practioner or any other person who shall have the duty of the person or parents of such child, under the provisions of this section, shall be required, and shall report, without the attendance of a physician or practioner, in like manner and within the period above required, and attendance upon the mother, immediately thereafter, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68228

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth.* Sept. 6 95
4. *Place of Birth. (Street and Number)* 210 Bowers Court
5. *Full Name of Mother.* Mary Johnson
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Macfall R. Bruin

Address, 697 W. Lombard St.

Remarks, 0950005707

Third day or each 2d or 3d [illegible] a physician or practitioner [illegible] the person or parents of any child born without the attendance of a physician or practitioner, it shall become the duty of the person or parents of such child to report the birth, in the manner and within the period above required, and attendance upon the mother, to the commissioner of health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68529

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 3

1. *Sex*, (*state whether male or female*) Female
2. *Race or Color*, (*if not of the white race*) Colored
3. *Date of Birth*, Sept 7. 6-95
4. *Place of Birth*, (*Street and Number*) 213 Pearl st
5. *Full Name of Mother*, Mary Ball
6. *Mother's Maiden Name*,
7. *Mother's Birthplace*,
8. *Full Name of Father*,
9. *Father's Occupation*
10. *Father's Birthplace*,

Name of Medical Attendant, or other person who makes this Return. J. McFadden Dick

Address, 694 W Lombard St.

Remarks, 6950005703

Wm. J. C. Dulany Co., City Printers and Stationers.

Every physician or practitioner of medicine in the city of Baltimore, or in attendance upon the parents of such child, or other person, shall within the period of twenty-four hours after such birth, in the manner and with the provisions and forfeitures are recoverable. Any such person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68230

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st "

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 7 1895
4. *Place of Birth, (Street and Number)* 1921 Mt Henry St
5. *Full Name of Mother,* Mrs Laura Clough Marks
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Geo Marks
9. *Father's Occupation* Hat Maker
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, E. S. Ullrich

Address, Union Sq

Remarks,

8950005709

Wm. J. C. Dulany Co., City Printers and Stationers.

Said day of each and every month is the [illegible] or a house in which shall occur within the attendance of a physician or practitioner of midwifery, or a house in which attendance upon the mother, immediately thereafter, shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period prescribed by said Board of Health, and any such person or persons who shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 08231

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept. 7th 95

4. Place of Birth, (Street and Number) Maternity 113+115 N. Lombard.

5. Full Name of Mother, Annie Langer

6. Mother's Maiden Name, Annie Langer

7. Mother's Birthplace, Maryland.

8. Full Name of Father, "

9. Father's Occupation "

10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return, Chas. E. Bracht M.D.

Address, 113+115 N. Lombard.

Remarks,

8950-05710

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall become the duty of the person or persons [illegible] shall occur within the mothers immediately preceding, or within the period above required, said attendance, to report its birth to the Board of Health, in the manner provided in this section. Shall be a misdemeanor, and the person or persons who shall violate the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68232

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Sept. 7 '9
4. *Place of Birth, (Street and Number)* 1 2 2 Welcome Alley
5. *Full Name of Mother,* Helen Moore
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Mackall R. Bruin

Address, 622 W. Lombard St.

Remarks, 8950005711

said schedule shall be delivered, duly signed by the physician or other person who shall be in attendance upon such birth, to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68233

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 8th 1895
4. Place of Birth, (Street and Number) Maternity 113+115 N. Lombard
5. Full Name of Mother, Bertha Kleinsmith
6. Mother's Maiden Name, Bertha Kleinsmith
7. Mother's Birthplace, Maryland.
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. Chas. E. Bach M.D.

Address, 113+115 N. Lombard St.

Remarks,

1895 U 005712

shall occur without the attendance of a [illegible] shall become the duty of the person [illegible] required, and shall be [illegible] immediately thereafter, it shall become the duty of the person [illegible] required, and within the period above [illegible] shall be subject to a fine upon the mother, commissioner of health, shall fail to comply with the provisions of this section, or shall be subject to a fine of [illegible] child to report its birth to the [illegible] who shall hereafter fail to comply with the provisions of this section, or shall be subject to a fine of [illegible] any such person or persons [illegible] to be recovered as other fines and forfeitures are recoverable. Jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68234

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth.* Sept. 9 95
4. *Place of Birth, (Street and Number)* 625 W. Lombard st.
5. *Full Name of Mother,* Kate Condroy.
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, J. McGuidin Dick

Address, 625 W. Lombard st

Remarks,

8950005713

Sec. 3. Be it further enacted, that every physician or practitioner of midwifery, or should no other person or persons be present, the nurse, who shall attend at the birth of a child, shall within the first three days thereafter, and every month to the office of the Board of Health, a return of such birth, which shall contain the date of the birth, the name and residence of the parents of such child, the sex of such child, and such other information as may be required by the Board of Health, and shall be signed by such person or persons, who shall hereafter fail to make such return, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68235

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Sept 10th 95
4. Place of Birth, (Street and Number) Md Lying-in Hospital
5. Full Name of Mother, Ella Ennis
6. Mother's Maiden Name, Ella Ennis
7. Mother's Birthplace. Maryland
8. Full Name of Father, unknown
9. Father's Occupation, unknown
10. Father's Birthplace, unknown

Name of Medical Attendant, or other person who makes this Return, J. Wilson Abbott

Address, Md Lying-in ~~Hospital~~ Linden Ave.

Remarks, 8950005714

third day of each and every month in the year, or in default thereof, or if a midwife, or other person not a physician or practitioner of midwifery, or a nurse, to do the duty of such physician or practitioner of midwifery, shall be present at the birth, the duty of the person or persons specified in the first section of this act shall be performed by such person, who shall immediately thereafter, in the manner and within the time prescribed, and shall be entitled to the same fees and charges for the same, as if the duty had been performed by the person specified in the first section of this act; and if any such person or persons, who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68236

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether mate or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Sept 10th 1895
4. Place of Birth, (Street and Number) Old Lying in Hospital
5. Full Name of Mother, Lizzie Ogden
6. Mother's Maiden Name, Lizzie Ogden
7. Mother's Birthplace, W. Va
8. Full Name of Father, unknown
9. Father's Occupation, unknown
10. Father's Birthplace, unknown

Name of Medical Attendant, or other person who makes this Return, J. W. Keown M.D.

Address,

Remarks, 8950005715

shall occur without the city, the mother, immediately thereafter, it shall become the duty of the person above required, and attendance upon the birth to the Commissioner of Health, by letter addressed to the City Hall, Baltimore, within the period above required, and shall report the birth to the Commissioner of Health, in order to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68237

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) colored
3. Date of Birth, September 10th 1895
4. Place of Birth, (Street and Number) Old Lying-in Hospital
5. Full Name of Mother, Annie Meekall
6. Mother's Maiden Name, Annie Meekall
7. Mother's Birthplace, Maryland.
8. Full Name of Father, unknown
9. Father's Occupation, unknown
10. Father's Birthplace, unknown

Name of Medical Attendant, or other person who makes this Return, J. W. Keown AB MD.

Address, Maryland Lying-in Hosp. Linden Ave

Remarks,

8 9 5 0 0 0 5 7 1 6

shall occur without the attendance of a [illegible] shall become the duty of the [illegible] child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68238

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 10 — 95
4. *Place of Birth, (Street and Number)* 617 N. Lombard St
5. *Full Name of Mother,* Annie Law
6. *Mother's Maiden Name,*
7. *Mother's Birthplace.*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Mackall R. Brown

Address, 617 N. Lombard St.

Remarks,

8950005717

third day of each and every month a physician or practitioner of midwifery, or any other person or persons, shall occur without the attendance of a physician or practitioner of midwifery, it shall become the duty of the person or parents of such stillborn child to report such birth to the Commissioner of Health, in the manner and within the period above required, and upon such report being made, the Commissioner of Health shall issue a certificate of such birth, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68239

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 11th 1895
4. Place of Birth, (Street and Number) Maternity. 113+115 W. Lombard
5. Full Name of Mother, Dora Hahn
6. Mother's Maiden Name, Dora Hahn
7. Mother's Birthplace, Germany
8. Full Name of Father, "
9. Father's Occupation "
10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return, Chas. E. Beck M.D.

Address, 113+115 W. Lombard St.

Remarks,

8950005718

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be the duty of the person or parents of such child, or in their absence, of the person in charge of the house where such child shall occur without the attendance of a physician or trained nurse, to report the birth of such child to the Registrar of Vital Statistics, Board of Health, in the manner and within the period above prescribed, and attendance upon the mother, immediately upon such birth, shall become the duty of the person so required to report the birth to the Board, and shall thereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68240

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 11 September 95
4. Place of Birth, (Street and Number) 611 Abbott St
5. Full Name of Mother, Mary
6. Mother's Maiden Name, Mary Hurka
7. Mother's Birthplace, Bohemia
8. Full Name of Father. —
9. Father's Occupation —
10. Father's Birthplace, —

Name of Medical Attendant, or other person who makes this Return. Jos. Ehman Conrad

Address, 621 Barnes Balto Md.

Remarks. Will not tell father Name

8950005719

shall occur without the aforesaid time, or shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for such offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68241

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 12th/95

4. Place of Birth, (Street and Number) Metropolis 113+115 W. Lombard

5. Full Name of Mother, Catherine Rosher

6. Mother's Maiden Name, Catherine Rosher

7. Mother's Birthplace, Mary Land.

8. Full Name of Father, "

9. Father's Occupation "

10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return. Chas. E. Roach M.D.

Address, 113+115 W. Lombard St.

Remarks,

8950005720

Any ... attendance of a physician or ... shall become the duty of the person or parents of the child to report its birth within the period above required, and shall occur without the attendance of a physician or ... immediately thereafter, in the manner and within the ... above required, and attendance upon the ... the Commissioner of Health to comply with the provisions of this section shall be subject to the ... child to report its birth ... say such ... persons who shall be ... offence, to be recovered as other fines and forfeitures are recoverable. ... jected to the fine of ten (10) dollars for each offence.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68242

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Sept. 12th/96
4. Place of Birth, (Street and Number) Maternity 113+115 N. Lombard.
5. Full Name of Mother, Ida Henkin
6. Mother's Maiden Name, Ida Henkin
7. Mother's Birthplace, Virginia
8. Full Name of Father, "
9. Father's Occupation "
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Chas. E. Bracy M.D.

Address, 113+115 N. Lombard St.

Remarks,

1 8 4 5 0 0 0 5 7 2 1

Third day of each month the attendance of a physician or midwife is required, the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and shall occur within the mother's immediately preceding confinement, shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68243

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color. (if not of the white race)
3. Date of Birth, Sept 13th 1895
4. Place of Birth, (Street and Number) Md Lying-in Hospital
5. Full Name of Mother, Annie Rote
6. Mother's Maiden Name, Annie Rote
7. Mother's Birthplace, Siria
8. Full Name of Father, unknown
9. Father's Occupation unknown
10. Father's Birthplace, unknown

Name of Medical Attendant, or other person who makes this Return. Jos Keown AB MD

Address. Maryland Lying-in Hosp. Linden Ave

Remarks.

8750005722

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or midwife, the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68244

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Fem
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 7 13
4. Place of Birth, (Street and Number) 1925 Pratt St
5. Full Name of Mother, Mrs Mary Carroll Cole
6. Mother's Maiden Name, "
7. Mother's Birthplace, Balto
8. Full Name of Father, Rex Elw Cole
9. Father's Occupation Paperhan
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, S. E. Lemmon

Address, Lincoln Ag

Remarks, 8950005723

Fail not to make this return, as the case may be, if a physician or practitioner or other person, or the parents of such child, shall fail to report the birth, as herein required, or shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68245

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Sept. 13 — 95

4. Place of Birth, (Street and Number) 231 Carlton St.

5. Full Name of Mother, Alice Jackson

6. Mother's Maiden Name,

7. Mother's Birthplace,

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, J. McFaddin Dick

Address, 622 W. Lombard St.

Remarks, 8950005724

third day of each and every month [illegible] shall occur without the attendance of a physician or practioner of midwifery, or [illegible] attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68246

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 14th/95
4. Place of Birth, (Street and Number) Mulberrie 113+115 W. Lombard
5. Full Name of Mother, Alice Mason
6. Mother's Maiden Name, Alice Mason
7. Mother's Birthplace, Maryland
8. Full Name of Father, "
9. Father's Occupation "
10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return. Chas. E. Bosh M.D.

Address. 113+115 W. Lombard St.

Remarks.

1 8 9 5 0 0 0 5 7 2 5

Will occur within the attendance of a Physician, it shall become the duty of the person or persons in charge of the case, to report its birth to the Commissioner and within the period above required, and shall occur without the attendance of a Physician, it shall become the duty of the person or persons in charge of the case, to report its birth to the Commissioner of Health, in manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68242

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 14th 1905

4. Place of Birth, (Street and Number) Malinde 113+115 N. Lombard St.

5. Full Name of Mother, Emma Moore

6. Mother's Maiden Name, Emma Moore

7. Mother's Birthplace, Wilmington Del.

8. Full Name of Father, "

9. Father's Occupation "

10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return. Chas. E. Brack M.D.

Address, 113+115 N. Lombard St.

Remarks,

8 9 5 0 0 0 5 7 2 6

shall occur without the attendance of a physician, the duty of the person or parent, if the mother be unable, upon the mother, immediately thereafter, to make the return within the period above required, and under oath, to report its birth to the Commissioner of Health, who shall comply with the provisions of this section shall be subject to a fine of ten dollars for each offence; and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68248

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 14, 1895
4. Place of Birth, (Street and Number) St Vincents Inf Baltimore
5. Full Name of Mother, Kate Kelley
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Balti
8. Full Name of Father, Not Known
9. Father's Occupation " "
10. Father's Birthplace, " "

Name of Medical Attendant, or other person who makes this Return, R. Lee Harris M. D.

Address, 600 N. Arena

Remarks, 8950005727

third day of each and every month, a return of a physician or practitioner or midwife or other person or parents of such child, shall be made to the Commissioner of Health, in the manner and within the period above specified, and shall occur without the attendance of a physician or practitioner or midwife, it shall be the duty of the person or parents of such child, to report the birth to the Commissioner of Health in the manner and within the period above specified, and any such person or persons who shall have failed to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for such offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 68249

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) W
3. Date of Birth, Sept 14 1895.
4. Place of Birth, (Street and Number) 404 N Caroline
5. Full Name of Mother, Katie Nortd
6. Mother's Maiden Name, do
7. Mother's Birthplace, City
8. Full Name of Father, Unknown
9. Father's Occupation, do
10. Father's Birthplace, do

Name of Medical Attendant, or other person who makes this Return. John Pear

Address,

Remarks,

8 9 5 U 0 0 5 7 2 8

third day of each and every month of a physician or practitioner of [illegible] the person or persons of such shall occur without the attendance of any thereafter it shall become the duty of the person or persons required, and child to report its birth to the Commissioner of Health, within twenty-four hours after the birth, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. A. G. GULANY & SO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 68250

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Sept. 14 95
4. *Place of Birth, (Street and Number)* 7 1/2 Sarah Ann St
5. *Full Name of Mother,* Annie Green
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. Mackall T. Brunn

Address, 632 W. Lombard St.

Remarks, 8950005729

Third day of each and every month to have, or if a midwifery, or should no order be so, of such a physician or practioner of such person, or parents of such child immediately hereunto, in the manner and within the period required, and shall occur without the attendance of a physician or practioner, the duty of the person, or parents of such child to report, in the manner and within the period required in this section shall be subject to the Commissioner of Health to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68251

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Sept 14. 95
4. *Place of Birth, (Street and Number)* 622 W Lombard st
5. *Full Name of Mother,* Annie Lyons
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Jno. J. Deal

Address, 622 W Lombard St

Remarks, 8950005730

third day of each and every month in the year, the physician or practitioner of midwifery, or the nurse or parents of such child, or the person in charge of the premises where such birth shall occur without the aforesaid, shall immediately thereafter, in the manner and within the period required, and shall become the duty of the person or persons who shall be required, and shall have the power to require the attendance upon the birth to the Commissioner of Health, in the manner and within the period required, and shall report the birth to the Commissioner of Health, in the manner and within the period required, and shall report the birth to the Commissioner of Health, in the manner and within the period required, and only such person or persons who shall be required, and who shall have the power to require the attendance upon the birth to the Commissioner of Health, in the manner and within the period required, and who shall report the birth to the Commissioner of Health, in the manner and within the period required, and who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68252

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored.

3. Date of Birth, Sept. 15th/95

4. Place of Birth, (Street and Number) Maternity 113+115 N. Lombard

5. Full Name of Mother, Maggie Moore

6. Mother's Maiden Name, Maggie Moore

7. Mother's Birthplace, Maryland

8. Full Name of Father, "

9. Father's Occupation "

10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return. Chas. E. Brack M.D.

Address, 113+115 N. Lombard St.

Remarks,

8950005731

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month [illegible] physician or practioner of midwifery [illegible] of the person or persons of such attendance, or the mother, if there be no attendant, shall cause the birth to be recorded, and shall occur without the attendance of a physician, or practioner of midwifery, the person who shall be in attendance, or the mother, if there be no attendant, shall within the period above stated, and the mother, immediately or shortly, with the provisions of this section, shall be subject to report its birth to the Commissioner of Health, in the manner and form above stated, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68253

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept. 15. 1895

4. Place of Birth, (Street and Number) St. Vincents Infants Asylum

5. Full Name of Mother, Mary Smith

6. Mother's Maiden Name, Same

7. Mother's Birthplace, Not Known

8. Full Name of Father, " "

9. Father's Occupation " "

10. Father's Birthplace, " "

Name of Medical Attendant, or other person who makes this Return, A. de. Basil M.D.

Address, 600 N. Aisquith

Remarks,

8 9 5 0 0 0 5 7 3 2

Sworn may be taken the attendance of a physician or person who shall become the duty of the person or parents of any child shall occur without the attendance of a physician or person who shall become the duty of the person or parents of any child shall occur within the period above required, and within the period above required, and within the period above required, and shall not report the birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the birth to the Commissioner of Health, in the manner and within the period above required, and shall not report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall be found to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Delany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68254

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 16 15
4. Place of Birth, (Street and Number) 602 W Lombard st
5. Full Name of Mother, Annie White
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Mackall R Bruin

Address, 602 W. Lombard St

Remarks,

8950005733

third day of each and every month (or if the birth be attended by a physician or practioner of midwifery, or a child be born in a house where there are more than one family, within three days after such birth) the person or parents of such child or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68255

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth.* Sept. 16 95
4. *Place of Birth, (Street and Number)* 40 1/2 Hamburgh St
5. *Full Name of Mother,* Louisa Bowen
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. Mackall R. Brim

Address, 627 W. Lombard St.

Remarks, 8950005734

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be [illegible] month to the office of the Commissioner of Health, [illegible] or midwifery, or should no other person [illegible] third day of each and every month to the office of the Commissioner of midwifery, or should no other person, within [illegible] shall occur without the attendance of a physician, midwife or other person, it shall become the duty of the person or parents of such child, or owner, landlord or tenant of the premises where such birth shall occur, within twenty-four hours after such birth, to make a return of such birth, with the particulars of such attendance upon the same, to the Commissioner of Health, in the manner and within the period above specified; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68256

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 17th/95.
4. Place of Birth, (Street and Number) 113+115 N. Lombard
5. Full Name of Mother, Margaret O'Brien
6. Mother's Maiden Name, Biddie O'Brien
7. Mother's Birthplace, Virginia
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Chas. E. Brack M.D.

Address, 113+115 N. Lombard St.

Remarks,

8 9 5 0 0 0 5 7 3 5

third day of each and every month, the attendance of a physician or practitioner of medicine, which shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and shall occur without the attendance of a physician or practitioner of medicine, immediately thereafter, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 68207

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Blk
3. Date of Birth, 9-17-90
4. Place of Birth, (Street and Number) 1440 Chestnut St.
5. Full Name of Mother, Sarah Butler
6. Mother's Maiden Name, do
7. Mother's Birthplace, City
8. Full Name of Father, Unknown
9. Father's Occupation, do
10. Father's Birthplace, do

Name of Medical Attendant, or other person who makes this Return. Elbin Geer

Address,

Remarks,

8950005736

Third Sec. 7. Each and every case in which a physician or person other than a midwife shall be in attendance at the birth of a child, the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and shall occur without the attendance of a physician or person other than a midwife, shall become the duty of such person or persons within twenty-four hours after the birth, in the manner and within the period above required, and shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 68208

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) V

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Sept 17 - 95
4. *Place of Birth, (Street and Number)* 1006 S. Eutaw st
5. *Full Name of Mother,* Lillie Matthews
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Fult Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this return, Dr. Judkin Deax

Address, 608 W. Lombard st.

Remarks, 8950005737

third day of each and every month a physician or practitioner of midwifery, or the person or parents of such child, or the attendant of the mother, immediately thereafter, shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period of time prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

68 259

RETURN OF A BIRTH.

CERTIFICATE CORRECTED 5-15-61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: William ~~Henry~~ Russell

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Sept. 19 '[illegible]
4. Place of Birth, (Street and Number) 1 Carlton St
5. Full Name of Mother, Birdie Russell
6. Mother's Maiden Name, (Marshall)
7. Mother's Birthplace, [illegible]
8. Full Name of Father, John W. Russell
9. Father's Occupation [illegible]
10. Father's Birthplace, [illegible]

Name of Medical Attendant, or other person who gives this Return, Mackall R. Brum

Address, 600 N. Lombard St

Remarks, 8 9 5 0 0 0 5 7 3 8

[illegible] day of each and every month to be sent to the Bureau of Vital Statistics, Board of Health, Baltimore City, a return of every birth which shall occur within the city, of which he shall have been the attendant, or of which he shall have been informed, and shall occur without the city, immediately thereafter it shall become and shall be the duty of the person or parents of such child to report the birth to the Commissioner of Health, who shall be authorized to issue a certificate of birth, which certificate shall be prima facie evidence of the birth, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for such offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68260

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (*state whether 1st, 2d, 3d, &c.*) 1

1. *Sex,* (*state whether male or female*) male
2. *Race or Color.* (*if not of the white race*) white
3. *Date of Birth,* Sept 19 98
4. *Place of Birth.* (*Street and Number*) 622 N. Lombard st
5. *Full Name of Mother,* Lizzie Waters
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return, McGaddin Dick

Address, 622 N Lombard St

Remarks, 8950005739

Third day of each and every month a physician or practioner of midwifery, or in the absence of such physician or practioner of midwifery, the nurse or other person in attendance upon the mother, or the parents or parents of such child, shall report the birth of such child to the Commissioner of Health. In default of such report being made within the period above required, the person who shall neglect or refuse to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68261

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 29th 1905
4. Place of Birth, (Street and Number) Maternity 113+115 W. Lombard
5. Full Name of Mother, Mary Tony
6. Mother's Maiden Name, Mary Tenby
7. Mother's Birthplace, Ireland
8. Full Name of Father, "
9. Father's Occupation "
10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return, Chas. E. Brack M.D.

Address, 113+115 W. Lombard St.

Remarks,

8 9 5 0 0 0 5 7 4 0

third day of each and every month [illegible] physician or practioner of medicine [illegible] or parents of such shall occur without the attendance of a physician or practioner of medicine, [illegible] shall become the duty of the person so required, and attendance upon the mother, to report to the Commissioner of Health, in the manner and within the time required, and child to report, in like manner, to the Commissioner of Health, in the manner and within the time required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68262

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 21 - 95
4. Place of Birth, (Street and Number) 622 W. Lombard St
5. Full Name of Mother, Mary Brown
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, J. McGaddin Dick

Address, 622 W. Lombard St.

Remarks, 8950005741

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall occur without the attendance of a physician or practitioner, [illegible] of the person or parents of such child, to report the birth to the Registrar of Vital Statistics, hereafter it shall become the duty of the person or parents of such child, to report the birth to the Commissioner of Health, in the manner and within the period now required and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68263

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* Sept 22nd
4. *Place of Birth, (Street and Number)* 684 Pierce St
5. *Full Name of Mother,* Minnie Walzon
6. *Mother's Maiden Name,* " " "
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. John T. McCarthy.

Address, 626 George St.

Remarks,

8950005742

shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of the child to report its birth to the Commissioner of Health, who may require a certificate from the person in attendance upon the mother immediately thereafter. It shall become the duty of the person or parents of any child born in the City of Baltimore, to comply with the provisions of this section. Any person so neglecting or refusing to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68264

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex. (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Oct. 20 90
4. *Place of Birth, (Street and Number)* 1314 Wardour St
5. *Full Name of Mother,* Eliza Miller
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. J. McFaddin Deck

Address, 602 N. Longwood St

Remarks, 8 9 5 0 0 0 5 7 4 3

and schedule will be delivered duly to the office of the Commissioner of Health, Baltimore City, within thirty days after the birth of a child, or should no other person be in attendance upon such birth to the Commissioner of Health, in the manner and within the period required, and shall occur without the city, immediately thereafter, it shall become the duty of the person in charge of such child, wherever it may be, to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 68265

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Bek
3. Date of Birth, 9-22-97
4. Place of Birth, (Street and No.) 355 Moore St.
5. Full Name of Mother, Eliza Boyer
6. Mother's Maiden Name, do
7. Mother's Birthplace, City
8. Full Name of Father, Unknown
9. Father's Occupation, do
10. Father's Birthplace, do

Name of Medical Attendant, or other person who makes this Return. Eldrin Peet

Address,

Remarks,

8950005744

third day of each and every month, a [illegible] practitioner or midwifery of [illegible] shall occur without the [illegible] of a physician or practitioner on the duty of the person or parents of such child to report the birth, immediately thereafter, in the manner and within the period above stated, and attendance upon the mother, immediately thereafter, in the manner and within the period above stated, shall be subject to report its birth to the Commissioner of Health, in the manner and within the period above stated, any such person or persons who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

682:651/2

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Black
3. Date of Birth, 9-22-95
4. Place of Birth, (Street and Number) 355 Moore St.
5. Full Name of Mother, Eliza Boyer
6. Mother's Maiden Name, do
7. Mother's Birthplace, City
8. Full Name of Father, Unknown
9. Father's Occupation, do
10. Father's Birthplace, do

Name of Medical Attendant, or other person who makes this Return. Edwin Geer

Address,

Remarks,

1 8 9 5 0 0 0 5 7 4 5

third day of each and every month, a physician or practitioner of midwifery, or a person in attendance upon the birth of a child, or the person or parents of such shall occur without the attendance of a physician or practitioner of midwifery, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. A. G. DELANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 68266

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 22nd/95
4. Place of Birth, (Street and Number) Mt Winte. 113+115 W. Lombard St
5. Full Name of Mother, Mary Dugan
6. Mother's Maiden Name, Mary Dugan
7. Mother's Birthplace, Wilmington Del.
8. Full Name of Father, "
9. Father's Occupation "
10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return, Chas. E. Brack M.D.

Address, 113+115 W. Lombard St.

Remarks,

8 9 5 0 0 0 5 7 4 6

Wm. J. C. Dulany Co., City Printers and Stationers.

Third day of each and every month, a physician or practitioner of the [illegible] or parents of each child born in the city, shall be required to report its birth in the manner and within the time specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68262

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept. 22 95
4. *Place of Birth. (Street and Number)* 6 1/2 W. Lombard st
5. *Full Name of Mother,* Abbie Crane
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. Maxwell T. Brown

Address. 677 W. Lombard st

Remarks.

8 9 5 0 0 0 5 7 4 7

third day of each and every month, a physician or practioner of midwifery or any person or persons of such shall occur without the attendance of a physician or practioner of midwifery, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68268

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Sept 23 96
4. *Place of Birth, (Street and Number)* 677 W. Lombard St
5. *Full Name of Mother,* Lavinia Hance
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, McFadin Dick

Address, 677 W. Lombard St

Remarks,

8950005748

third day of each and every month to the C[illegible] shall over or without the attendance of a physician or practitioner of midwifery, or should not [illegible] attendance upon the mother or child, shall hereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68269

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 1 Apr 1900
4. Place of Birth, (Street and Number) 1312 N. Parrish St
5. Full Name of Mother, Georgiana Hopkins
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, J M Gaudin Deck

Address, 699 W. Lexington St

Remarks, 1 8 9 5 0 0 0 5 7 4 9

third day of each and every month, to the registrar of the ward, the name of the person or parents of such child, the date of birth, the mother's maiden name, and the place of birth, in the manner and within the period required, and shall occur without the attendance of a physician or midwife, shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall wilfully or negligently fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68270.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 12 1895
4. Place of Birth, (Street and Number) 332 E. Fay
5. Full Name of Mother, Helen Feay
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Mackall R. Bruin

Address, 612 N. Lombard St.

Remarks, 8950005750

third day of each and every month, all births attended by a practitioner of midwifery, or attended by a physician or practitioner of midwifery, of which the parents of such shall occur without the attendance of a physician or practitioner of midwifery, shall become the duty of the person or parents of such child or children, to report the same to the Registrar of Vital Statistics, in the manner and within the time specified above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68271

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 1

1. *Sex*, (*state whether male or female*) male
2. *Race or Color*, (*if not of the white race*) white
3. *Date of Birth*, Sept. 25 - 93
4. *Place of Birth*, (*Street and Number*) 622 W. Lombard St
5. *Full Name of Mother*, Rosie Matthews
6. *Mother's Maiden Name*,
7. *Mother's Birthplace*,
8. *Full Name of Father*,
9. *Father's Occupation*
10. *Father's Birthplace*,

Name of Medical Attendant, or other person who makes this Return. J. McGaldin Deck

Address, 622 W. Lombard St

Remarks, 1895000575 1

Third day of each and every month, the physician or practitioner of midwifery, or South Baltimore Board of Health, or other person who shall have attended the birth of any child within the city of Baltimore during the preceding month, shall deliver or cause to be delivered to the Registrar of Vital Statistics, at his office, a return of the birth of such child, with the name of the mother, and within the period above required, and such return shall be made upon the blank furnished by the Commissioner of Health, and shall be signed by the person making the return, and shall contain the information required by the Commissioner of Health, to comply with the provisions of this section shall be subject to report its birth, or any person who shall hereafter fail to report such birth, or any person who shall hereafter fail to comply with the provisions of this section shall be subject to the penalty of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68272

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Sept. 25 95
4. *Place of Birth, (Street and Number)* 622 W. Lombard st.
5. *Full Name of Mother,* Agnes Jones
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. Moxtall R. Brown

Address, 622 W. Lombard st

Remarks,

8 9 5 0 0 0 5 7 5 2

Wm. J. C. Dulany Co., City Printers and Stationers.

1

RETURN OF A BIRTH. 68273

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 25. 1895
4. Place of Birth, (Street and Number) S. Vincents Infant Asylum
5. Full Name of Mother, Annie Stone
6. Mother's Maiden Name, "
7. Mother's Birthplace, Georgia
8. Full Name of Father, Not known
9. Father's Occupation "
10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return, R. C. Dorsey M.D.

Address, 200 N. Dolphin

Remarks,

8950005753

Sm. J. C. Delany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68274

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 25th 95

4. Place of Birth, (Street and Number) Maternity 113+115 W. Lombard St.

5. Full Name of Mother, Annie Schmidt

6. Mother's Maiden Name, Annie Schmidt

7. Mother's Birthplace, Poland.

8. Full Name of Father, "

9. Father's Occupation "

10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return, Chas. E. Brack M.D.

Address, 113+115 W. Lombard St.

Remarks,

8 9 5 0 0 0 5 7 5 4

third day of each and every month to the Physician or practioner of midwifery, or person so [illegible] shall of such shall occur without the attendance of a physician or practioner of midwifery, or if it shall become the duty of the person or parents of such attendance upon the mother, or child, to give notice of the birth, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section, shall be, and shall be deemed guilty of a misdemeanor, and shall be fined not less than five dollars nor more than ten dollars, for each offence, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be, and shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68275

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 25/95
4. Place of Birth, (Street and Number) Maternity 113+115 N. Lombard
5. Full Name of Mother, Bessie Wilson
6. Mother's Maiden Name, Bessie Wilson
7. Mother's Birthplace, Maryland.
8. Full Name of Father, "
9. Father's Occupation "
10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return, Chas. E. Bach M.D.

Address, 113+115 N. Lombard St.

Remarks,

8 9 5 0 0 0 5 7 5 5

third day of each and every month a physician or practicioner or midwife of the person or parents of such child shall be in attendance at the birth, it shall become the duty of the person or parents with the period above required, and shall occur without the attendance of a physician or midwife, the mother, immediately thereafter, to the manner and in the provisions of this section shall be and attendance shall report its birth to the Commissioner of Health, to comply with the provisions of this section shall be and any such person or persons who shall fail to comply with the provisions of this section shall be and are hereby made liable to a penalty of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68276

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Sept 25/95
4. Place of Birth, (Street and Number) Maternity. 113 + 115 N Lombard
5. Full Name of Mother, Catherine Ryan
6. Mother's Maiden Name, Catherine Ryan
7. Mother's Birthplace, Virginia
8. Full Name of Father, "
9. Father's Occupation "
10. Father's Birthplace, "

Name of Medical Attendant, or other person who makes this Return, Chas. E. Brazil M.D.

Address, 113 + 115 N. Lombard St.

Remarks,

1 8 9 5 0 0 0 5 7 5 6

third day of each and every month by a physician or practitioner of medicine, it shall be the duty of the person or parents of such child or children, or the person in charge of the house or place where such birth shall occur without the same, immediately thereafter, in the manner and within the period above required, and shall report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the birth, or within twenty-four hours thereafter, fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68277

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Sept 26 95
4. *Place of Birth, (Street and Number)* 321 Fremont Court
5. *Full Name of Mother,* Emma Oliver
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. J. McFaddin Dick

Address, 602 W. Lombard St

Remarks, 8950005757

third day of each and every month a physician or practioner of midwifery, or a nurse, no other person of such shall officiate without the attendance of a physician or practioner of midwifery, or a nurse, no other person of such attendance upon the mother, Commissioner of Health, shall comply with the provisions of this section shall be subject to the fine or forfeiture of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68278

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 1 98
4. *Place of Birth, (Street and Number)* 679 W Lombard St
5. *Full Name of Mother,* Rosie Joslin
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. Mackall R. Brown

Address, 679 W. Lombard St

Remarks, 8950005758

third day of each and every month, if the birth be attended by a physician or practitioner of midwifery, or such as to which he or she is a witness, or if such birth shall occur without the attendance of a physician or practitioner of midwifery, or such as to which he or she is a witness, of the person or parents of such child, or other person, who shall have charge of the same, shall be required, and shall cause the same to be reported to the Commissioner of Health, in the manner and within the period above required, and shall report the date of such birth to the Commissioner of Health, shall be required to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. Any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68279

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 28 95
4. Place of Birth, (Street and Number) 672 W. Lombard St.
5. Full Name of Mother, Elvira Meade
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. Machall R. Brinn

Address, 672 W. Lombard St

Remarks, 8950005759

said schedule each and every month to the office of the Commissioner of Health, or should no other person be in attendance at such birth, then the physician or midwife, or the person or parent required, each shall become liable to a penalty of ten dollars, within the period of thirty days after such birth, in the manner prescribed by this section shall be subject to the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68280

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 1, 1895
4. *Place of Birth, (Street and Number)* 806 Columbia ave
5. *Full Name of Mother,* Carrie L. Gross
6. *Mother's Maiden Name,* " " Schlicherman
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Geo. H. Gross
9. *Father's Occupation* Insurance agent
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, H. C. Knipp M.D.

Address, 523 Sw Sq

Remarks,

8 9 5 0 0 0 5 7 6 0

Wm. J. C. Dulany Co., City Printers and Stationers.

thing day of each and every month, a return of the birth of a child born to such person or persons, or parents of such child, or person in whose house such child shall be born, or the person who shall have charge of such child, or person in whose house such child shall be born, shall omit to make such report of its birth to the Commissioner of Health, in the manner and within the period above prescribed, and any such person or persons who shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 68281

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 1 of September
4. *Place of Birth, (Street and Number)* 575 Lorne St
5. *Full Name of Mother.* Lizzie Keell
6. *Mother's Maiden Name,* Lizzie Ernst
7. *Mother's Birthplace,* Baltimore, Md
8. *Full Name of Father,* Joseph Keell
9. *Father's Occupation,* Cainest
10. *Father's Birthplace,* Baltimore, Md

Name of Medical Attendant, or other person who makes this Return. Mrs. B. Donly

Address, 1635 Walsh St

Remarks, Son

8 9 5 0 0 0 5 7 6 1

said section shall be transmitted to the office of the Commissioner of Health, in the manner and within the period above required, such attendant upon the mother, immediately hereafter, shall have a duty, under the penalty of fifty dollars, to report the birth of such child to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of fifty dollars for each offense; to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 68282

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 5 1900
4. *Place of Birth, (Street and Number)* 510 S Bethel St
5. *Full Name of Mother,* Maggie Hubber
6. *Mother's Maiden Name,* Gettman
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* John Hubber
9. *Father's Occupation* Car Conductor
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, M A Dougherty

Address, 2024 E Pratt St

Remarks, Living Well

895000.5762

Wm. J. C. Dulany Co., City Printers and Stationers.

Third day of each and every month, to the registrar of vital statistics, or other officer of health, as shall occur without the attendance of a physician or practitioner of midwifery, or within three days after birth, if attended by such physician or practitioner, the name and residence of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 11-17-5-2

RETURN OF A BIRTH. 68283

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Given Name — ~~Pauline~~ Marie

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Sept 1 '95
4. Place of Birth, (Street and Number) Sept 1 '95
5. Full Name of Mother, 1509 Jefferson St
6. Mother's Maiden Name, Susanna Bartz
7. Mother's Birthplace, " Sundeff
8. Full Name of Father, Ralto Md
9. Father's Occupation, Christ Bartz
10. Father's Birthplace, Carriage Painter

Name of Medical Attendant, or other person who makes this Return, Ralto Md

Address, Carolyn Miller

Remarks, 1605 Walker St

1895000576 3

Wm. J. C. Dulany Co., City Printers and Stationers.

Illegal and without the attendance of a physician or midwife, the duty of the person or parents or and shall become liable to a penalty hereafter shall become the duty of the person or parents or and shall occur within the period above required, and shall occur upon the mother immediately after the birth, in the manner and within the period above required, and shall be recovered in an action of debt, in the name of the Board of Health, and the provisions of this section, which shall be recoverable. child to report its birth to the Board shall hereafter fail to comply with the provisions of this section, which shall be recoverable. any such person or persons so neglecting or refusing to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68284

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Sept. 1 1895
4. *Place of Birth, (Street and Number)* 118 Jackson Sq.
5. *Full Name of Mother,* Elizabeth McCombas
6. *Mother's Maiden Name,* Elizabeth McClymont
7. *Mother's Birthplace,* Balto. Md
8. *Full Name of Father,* O. P. McCombas
9. *Father's Occupation* Coal dealer
10. *Father's Birthplace,* Balto. Md

Name of Medical Attendant, or other person who makes this Return, R. W. Mansfield M.D

Address, 129 S. Broadway

Remarks, 8950005764

Third day of each and every month the physician or practioner of midwifery, or should no such be present, shall pass with the attendance of a physician or practioner of midwifery, or should no such be present, shall pass with the attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68285

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Adal Marie Byrne

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth. Sep 1st 1905
4. Place of Birth, (Street and Number) No 2007 E Eager Str.
5. Full Name of Mother, Alice [redacted]
6. Mother's Maiden Name, Litzky
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Byrne
9. Father's Occupation Carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. L. Gross.

Address, No 1907 E Monument St.

Remarks, 8950005765

Third day of each and every month in the year, or if a Sunday, the next day following, or should no other person be in attendance upon the mother, the attendant physician or midwife, or should no other person be in attendance upon the mother, the duty of the person or parents of such child to report the birth to the Commissioner of Health, shall become and within the period above required, and shall report the birth to the Commissioner of Health, shall be and shall be required to comply with the provisions of this section, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 682 N

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ninth

1. Sex, (state whether male or ~~female~~) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 1st 1895
4. Place of Birth, (Street and Number) 1838 Monroe St
5. Full Name of Mother, Sarah N. B. Kraft
6. Mother's Maiden Name, Sarah N. B. Lynch
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Wm. E. Kraft
9. Father's Occupation Boilermaker
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, John Gardwood M.D.

Address, 930 N. Carrollton Ave Ex Mother

Remarks,

8950005766

Wm. J. C. Dulany Co., City Printers and Stationers.

Any person who shall cause or procure the attendance of a physician or practitioner of midwifery, or shall himself or herself be present at the birth of any child, without the attendance of a physician or practitioner of midwifery, shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any person who shall neglect or refuse to comply with the provisions of this section, shall be guilty of a misdemeanor, and any person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68287

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 1st 1895
4. *Place of Birth, (Street and Number)* 1200 Bayard St
5. *Full Name of Mother,* Mrs Della Hamberg
6. *Mother's Maiden Name,* " Airey
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Lee Hamberg
9. *Father's Occupation,* Produce Dealer
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return. M K Warner M.D.

Address, 901 N Stricker St

Remarks,

1895 0005767

third day of each and every month, at the office of the Board of Health, or shall cause or permit the same to be to shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, shall forthwith, in the manner and within the period above required, and child to report in the manner and within the period above required, and shall be liable to a penalty of twenty dollars, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J O DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 68288

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sep 1st 1895
4. *Place of Birth, (Street and Number)* 2430 Green Mt Ave
5. *Full Name of Mother,* Jennie J Johnson
6. *Mother's Maiden Name,* " " Bell
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Harry L Johnson
9. *Father's Occupation* Plasterer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, R. G. Ransein M.D.

Address, 811 Jefferson Ave Waverly.

Remarks, City.

18950005768

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68289

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Sept. 1 1895
4. *Place of Birth, (Street and Number)* 922 E. Preston St.
5. *Full Name of Mother,* Mame Dunn
6. *Mother's Maiden Name,* Mame Daly
7. *Mother's Birthplace,* Philadelphia
8. *Full Name of Father,* Harry Dunn
9. *Father's Occupation* Bank clerk
10. *Father's Birthplace,* Balto. Md

Name of Medical Attendant, or other person who makes this Return, R. W. Mansfield M.D.

Address, 129 S. Broadway

Remarks, 8 9 5 0 0 0 5 7 6 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68290

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* —
3. *Date of Birth,* Sep 1st. / 95
4. *Place of Birth, (Street and Number)* No. 702 Duncan Str.
5. *Full Name of Mother,* Hellen Witting
6. *Mother's Maiden Name,* Riemer
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Andreas Witting
9. *Father's Occupation* Brother
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs. L. Gross.

Address, No. 1907 E Monument Str.

Remarks, 8950005770

Any physician or other person who shall receive any fee or reward, directly or indirectly, for the purchase or sale of a child, or who shall receive any fee or reward for the attendance upon the mother, immediately before or after the birth of such child, or who shall neglect or refuse to make the return required by this section, or any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH, 68294

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or ~~female~~) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth 11 m 30 Am September 1895
4. Place of Birth, (Street and Number) 2808 O'Donnell St
5. Full Name of Mother Anna Jones
6. Mother's Maiden Name Anna Froehlich
7. Mother's Birthplace Baltimore City
8. Full Name of Father James Jones
9. Father's Occupation Lumberman
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. J. E. Richards MD

Address 1010 Chesapeake St

Remarks Normal labor all doing well

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF BIRTH 68292

5-16-60

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Bertha Pearlstine

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 1st September 1895
4. *Place of Birth, (Street and Number)* 909 Stiles St
5. *Full Name of Mother,* Ray Pearlstine
6. *Mother's Maiden Name,* " Kaufman
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Jos ~~Pearlstine~~ Pearlstine
9. *Father's Occupation* Cutter
10. *Father's Birthplace,* New York

Name of Medical Attendant, or other person who makes this Return, E. Scherman

Address, 12 Albemarle St.

Remarks,

…rth, and shall enter the same on blank schedule, to be furnished by the … shall hereafter take place, sha… Health. This schedule shall contain a list of the births which have occurred under his or her care … month, and shall set forth as far as the same can be ascertained the full name of each child, (if any sha… been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8950005772

Over

RETURN OF A BIRTH. 68293

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Male - Isadore M. Zeskind
2. Race or Color, (if not of the white race) White
3. Date of Birth, Born September 1/95
4. Place of Birth, (Street and Number) 926 Watson St. Baltimore.
5. Full Name of Mother, ~~Ana Zeskind~~ Annie Zeskind
6. Mother's Maiden Name. Annie Ana Yarden
7. Mother's Birthplace, Russia
8. Full Name of Father, ~~Morris Zeskind~~ Morris Zeskind
9. Father's Occupation Furr
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. Jane Kirker

Address, 1 E. York Street Balto.

Remarks,

~~895~~ 0005773

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68 294

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 1 September
4. Place of Birth, (Street and Number) Shakspear str. 1608
5. Full Name of Mother, Mary Sridersky
6. Mother's Maiden Name, Polek
7. Mother's Birthplace, Austria
8. Full Name of Father, Paul Sridersky
9. Father's Occupation, workman
10. Father's Birthplace, Austria

Name of Medical Attendant, or other person who makes this Return, Mari Pictl

Address,

Remarks, S. Bond str. 838

8750005774

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68295

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 1 98
4. *Place of Birth, (Street and Number)* Dell ct. 910
5. *Full Name of Mother* Rosa Hutz
6. *Mother's Maiden Name,* Glieck
7. *Mother's Birthplace,* Poland
8. *Full Name of Father,* Joseph Hutz
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Poland

Name of Medical Attendant, or other person who makes this Return. Mary W. B. Ker

Address, 602 S. Bond st

Remarks.

8750005775

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68296

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 1 September
4. *Place of Birth, (Street and Number)* S. Broadway 808
5. *Full Name of Mother,* Mari Cibulsky
6. *Mother's Maiden Name,* Roxalská
7. *Mother's Birthplace,* Pole
8. *Full Name of Father,* Majk Cibulsky
9. *Father's Occupation,* workman
10. *Father's Birthplace,* Pole

Name of Medical Attendant, or other person who makes this Return, Mari Orell

Address, S. Bond str. 838

Remarks,

8 9 5 0 0 0 5 7 7 6

Any Medical Attendant or other person who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68297

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Six Male

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Mulled
3. *Date of Birth,* Sunday ~~633 Jasper Street~~ Sep. 1st 1895
4. *Place of Birth, (Street and Number)* 633 Jasper Street
5. *Full Name of Mother,* Charlotte Goldsmith
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Hyaskine Wicomico Co.
8. *Full Name of Father,* Father unknown
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. Louisa Lane

Address, 644 Jasper Street

Remarks,

8950005777

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68291

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 2d 1895.
4. *Place of Birth, (Street and Number)* 1431 McCulloh St.
5. *Full Name of Mother,* Cornelia E Clampett.
6. *Mother's Maiden Name,* Cornelia Ewing.
7. *Mother's Birthplace,* Bloomington Ill.
8. *Full Name of Father,* Frederick W Clampett.
9. *Father's Occupation* Minister of the Gospel
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, John A Pennington M.D.

Address, 1716 Linden Ave

Remarks,

1895 0005778

offence upon the mother, immediately hereafter, shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68299

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 2
4. *Place of Birth, (Street and Number)* Chesapeake St. 103
5. *Full Name of Mother* Victoria Yurek
6. *Mother's Maiden Name,* " Seidock
7. *Mother's Birthplace,* Poland
8. *Full Name of Father* Tom Yurek
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Poland

Name of Medical Attendant, or other person who makes this Return, Mary Rudzis

Address, 602 Bond St.

Remarks,

Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1 8 9 5 0 0 0 5 7 7 9

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68300

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored.

3. Date of Birth, ~~August~~ Sept 2nd.

4. Place of Birth, (Street and Number) #47 E. Hughes St. Balto Md.

5. Full Name of Mother, Mrs Vicky Blake.

6. Mother's Maiden Name, Mrs Mary Carter

7. Mother's Birthplace, Virginia

8. Full Name of Father, Wm. H. Blake.

9. Father's Occupation Fireman

10. Father's Birthplace, Calvert Co. Md.

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8 9 5 0 0 0 5 7 8 0

...to report its birth to the Commissioner of Health, in the manner and ... to the period above required, and ... fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...m. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68301

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, September 2, 1895
4. Place of Birth, (Street and Number) 839 Linden ave
5. Full Name of Mother, Kate Archer
6. Mother's Maiden Name, Gross
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Beverly Archer
9. Father's Occupation Coachman
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Amelia Johnson

Address, 1024 Parkside

Remarks, 8 9 5 0 0 0 5 7 8 1

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68302

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6. Child

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White Race
3. Date of Birth, Born Sept 2nd 1895
4. Place of Birth, (Street and Number) # 2120 Ramsey St.
5. Full Name of Mother, Mrs. Lena Heitler
6. Mother's Maiden Name. Miss. " Heitler
7. Mother's Birthplace, Balto City
8. Full Name of Father, Adam Heitler
9. Father's Occupation Blacksmith
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return. Mrs. Heitler

Address, # 2008 Mc Henry St.

Remarks, 1 8 9 5 0 0 0 5 7 0 2

Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68303

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 and

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) — — —

3. Date of Birth, Sep. 2nd, 1905

4. Place of Birth, (Street and Number) No. 1604 E. Monument Str

5. Full Name of Mother, Emma Crosby von Resdorf

6. Mother's Maiden Name, Baltimore

7. Mother's Birthplace, Jesse Crosby

8. Full Name of Father, Printer

9. Father's Occupation Baltimore

10. Father's Birthplace, Mrs. L. Gross.

Name of Medical Attendant, or other person who makes this Return,

Address, No. 1907 E. Monument Str.

Remarks, 8950005783

Child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68304

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2 September
4. Place of Birth, (Street and Number) S. Bond str. 854
5. Full Name of Mother, Mari Groslop
6. Mother's Maiden Name, Kochajnsky
7. Mother's Birthplace, Pole
8. Full Name of Father, Theodor groslop
9. Father's Occupation, Beer salon
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return, Meri Prell

Address, S. Bond str. 838

Remarks, 8 9 5 0 0 0 5 7 8 4

Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68305

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other dues and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2nd September 1855
4. Place of Birth, (Street and Number) 12d Gough St
5. Full Name of Mother, Sarah Thomas
6. Mother's Maiden Name, Jackson
7. Mother's Birthplace, Russia
8. Full Name of Father, Max Thomas
9. Father's Occupation Tailor
10. Father's Birthplace. Russia

Name of Medical Attendant, or other person who makes this Return, E. Lehrman

Address, 72 Albemarle St.

Remarks,

m. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68306

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 2nd 95
4. Place of Birth, (Street and Number) 1019 Milton Place
5. Full Name of Mother, Julia M. Bailey
6. Mother's Maiden Name, Julia M. Barth
7. Mother's Birthplace, Baltimore, Md
8. Full Name of Father, W. Theodore F. Bailey
9. Father's Occupation Printer
10. Father's Birthplace, New York City

Name of Medical Attendant, or other person who makes this Return. Henry C. Okie. M.D.

Address, 1423 W. Fayette St.

Remarks, 1895000579 6

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereof fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 8-30-49

RETURN OF A BIRTH 68307

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Virginia Swindell

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female,
2. Race or Color, (if not of the white race) White,
3. Date of Birth, 2 Sep. 1895
4. Place of Birth, (Street and Number) 2112 Mt. Royal Terrace
5. Full Name of Mother, Edna N. Swindell, white
6. Mother's Maiden Name, White
7. Mother's Birthplace, Balto. City
8. Full Name of Father, Wm E. Swindell,
9. Father's Occupation, Glass Manf.
10. Father's Birthplace, Balto. City

Name of Medical Attendant, or other person who makes this Return. J. F. Ritter M.D.

Address, 1007 W. Lanvale St.

Remarks,

8 9 5 0 0 0 5 7 0 7

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall have neglected to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

J. C. GULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 68308

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2 September
4. Place of Birth, (Street and Number) 1630 Shakespeare
5. Full Name of Mother, Rozia Jurecky
6. Mother's Maiden Name, Wircorska
7. Mother's Birthplace, Austria
8. Full Name of Father, John Jurecky
9. Father's Occupation, workman
10. Father's Birthplace, Austria

Name of Medical Attendant, or other person who makes this Return. Meri Prell

Address, S. Bond st 838

Remarks, 8950005788

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68309

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 4th

1. *Sex*, (*state whether male or female*) female
2. *Race or Color*, (*if not of the white race*) white
3. *Date of Birth*, September 2nd 1895
4. *Place of Birth*, (*Street and Number*) No. 1 Lehman St
5. *Full Name of Mother*, Attie Hoerby
6. *Mother's Maiden Name*, Attie Hogge
7. *Mother's Birthplace*, Baltimore Md
8. *Full Name of Father*, Ferdeand Hoerby
9. *Father's Occupation* Teamster
10. *Father's Birthplace*, Baltimore

Name of Medical Attendant, or other person who makes this Return, ...

Address, ...

Remarks, ...

8 9 5 0 0 0 5 7 8 9

Rev. Stat. Art. 4, Sec. 14. It is the duty of the Commissioner of Health, in the manner and within the period above required, and upon the forms prescribed by the Board of Health, to require the return of every birth, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the use of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

m. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68310

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or female)* Girl.
2. *Race or Color, (if not of the white race)* Colored.
3. *Date of Birth,* Sept 2nd 1895
4. *Place of Birth, (Street and Number)* Gells Road B.Co.
5. *Full Name of Mother,* Mary Franklin
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* John E. Diggs
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* West Rivr

Name of Medical Attendant, or other person who makes this Return, Mary Parson

Address, 1809 Lafrance Tel.

Remarks,

8750085790

Fine to report this birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68311

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th "

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Sept 2 1895
4. *Place of Birth, (Street and Number)* 911 Stiles St
5. *Full Name of Mother,* Anna Dang
6. *Mother's Maiden Name,* G. Adelhard
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Henry W Dang
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. A. F. Timus M.D.

Address, 10. E. Preston St.

Remarks,

8950005791

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dylany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68312

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2nd Sep 95
4. Place of Birth, (Street and Number) 1646 Washington St
5. Full Name of Mother, Emma Daughtrman
6. Mother's Maiden Name, " " Hehnfele
7. Mother's Birthplace, Germany
8. Full Name of Father, Fred Daughtrman
9. Father's Occupation Clerk
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Wm Bruns

Address, 1600 N Chester st

Remarks,

0950005792

Wm. J. C. Dulany Co., City Printers and Stationers.

any such person or persons shall fail to comply with the provisions of this section, such person shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68313

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 2. 95
4. Place of Birth, (Street and Number) 1534 Aisquith Street
5. Full Name of Mother, Kate Fragezer
6. Mother's Maiden Name, Katz, Sommer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Fragezer
9. Father's Occupation Cloth Trimmer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Christina Lauer

Address, 1659 Harford Ave

Remarks.

8950005793

J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED

RETURN OF A BIRTH. 68314

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept. 3rd. 1895
4. *Place of Birth, (Street and Number)* 1313 E. Biddle St
5. *Full Name of Mother,* Mary A. Dryden
6. *Mother's Maiden Name,* Mary A Gray
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* George Dryden
9. *Father's Occupation* Cutter
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Wilmer Brinton M.D.

Address, S.W. Cor. Calvert & Preston Sts.

Remarks,

8 9 5 0 0 0 5 7 9 4

child to report its birth to the Commissioner of Health, in the manner and within the period above specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68315

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st, 2d~~, 3d, ~~&c.~~)

1. *Sex*, (~~state whether~~ male ~~or female~~)
2. *Race or Color*, (~~if not of the~~ white race)
3. *Date of Birth*, September 3rd 1906
4. *Place of Birth*, (Street and Number) 1923 Harlem Avenue
5. *Full Name of Mother*, Maria C. North
6. *Mother's Maiden Name*, Maria C. Coes
7. *Mother's Birthplace*, Baltimore Md.
8. *Full Name of Father*, Mason L. North
9. *Father's Occupation* Sect. Chesapeake Co.
10. *Father's Birthplace*, Oxford, Talbot Co. Md.

Name of Medical Attendant, or other person who makes this Return. Wm. C. Chappell M.D.

Address, 602 N. Leighton St.

Remarks, 8950005795

Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

m. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 68316

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, Sep 9
4. Place of Birth (Street and Number), 1724 Byrd
5. Full Name of Mother, Mary L Brennich
6. Mother's Maiden Name, Mary L Brooks
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frank E Brennich
9. Father's Occupation, Tinner
10. Father's Birthplace, Ostrey

Name of Medical Attendant, or other person who makes this Return. Mrs E Dalaldson (required no doctor)

Address, 1811 westfield place

Remarks, Mother and Child doing well

8950005796

Any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68317

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Sept 9th 1875
4. *Place of Birth, (Street and Number)* 540 Orford St
5. *Full Name of Mother,* Mary Fisher
6. *Mother's Maiden Name,* Mary Fisher
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Richard Simms
9. *Father's Occupation* Laboring
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Hester Coleance

Address 609 Preston St

Remarks.

3950005797

Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68318

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 3 d 95
4. *Place of Birth, (Street and Number)* 1905 E. Biddle St
5. *Full Name of Mother,* Rose C. Hagra
6. *Mother's Maiden Name,* Rose Mc Carron
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles C. Hara
9. *Father's Occupation* Straw hatter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Christina Lauer

Address, 1059 Harford Ave

Remarks,

1895 0 0 0 5 7 2 8

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

Child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68319

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 3rd of September
4. *Place of Birth, (Street and Number)* No 507 Jefferson st Court
5. *Full Name of Mother,* ~~Mamie J Byas~~ Mt mary
6. *Mother's Maiden Name,* Mamie J Byas
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* James H Smith
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Caroline Patterson

Address. No 419 Lewis street

Remarks, Doing well

8950005799

m. 7 C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68320

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sep 3rd
4. Place of Birth, (Street and Number) 815 Bloomingdale Av
5. Full Name of Mother, Mary Catharine Pease
6. Mother's Maiden Name, Mich Gunn Lemax
7. Mother's Birthplace, Talbot Co
8. Full Name of Father, Franklin Eugene Pease
9. Father's Occupation Cooper
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary J Perego

Address, 2847 Lanvale St

Remarks,

5950035000

Child to report its birth to the Commissioner of Health, in the manner and within the period prescribed, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68321

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 3rd 95
4. Place of Birth, (Street and Number) 20 40 Ashland Ave
5. Full Name of Mother, Maggie Neubauer
6. Mother's Maiden Name, Neubauer
7. Mother's Birthplace, Germany
8. Full Name of Father, Joseph Neubauer
9. Father's Occupation, Butcher
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, S. H. Schwartz M. D.

Address, 1331 E. Eager St.

Remarks, 8 9 5 0 0 0 5 8 0 1

Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

68322

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 4

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) Irish
3. Date of Birth Sept 3rd 95
4. Place of Birth (Street and Number) 239 Dolphin St.
5. Full Name of Mother Maggie Martin Murray
6. Mother's Maiden Name " "
7. Mother's Birthplace Ireland
8. Full Name of Father Michael J. Murray
9. Father's Occupation Saloon
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. J. D. Gobert

Address 1214 Linden Ave

Remarks

8950005802

of the parents, and the maiden name of the mother of such child or children.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68313

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 3 September 1895
4. Place of Birth, (Street and Number) Hertwood Residence 237 S. Gilmor St
5. Full Name of Mother, Jane Gillis
6. Mother's Maiden Name, Boyle
7. Mother's Birthplace, England
8. Full Name of Father, Joseph Gillis
9. Father's Occupation Stevedore
10. Father's Birthplace, [illegible]

Name of Medical Attendant, or other person who makes this Return, Nashville Brown

Address, 414 S. Tucker St Baltimore, Md.

Remarks, [illegible]

0 9 5 0 0 0 5 8 0 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68324

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 3rd. 1895
4. Place of Birth, (Street and Number) 321 Girard Ave.
5. Full Name of Mother, Sadie Behler.
6. Mother's Maiden Name, Sadie Hess
7. Mother's Birthplace, Pennsylvania
8. Full Name of Father, Frank Behler.
9. Father's Occupation Baggage Mast. Pa R.R.
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Wilmer Brinton, M.D.

Address, S. W. Cor. Walnut & Preston Sts.

Remarks,

8 9 5 0 0 0 5 8 0 4

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

m. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68325

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 3 1895
4. *Place of Birth, (Street and Number)* No. 816 Somerset st
5. *Full Name of Mother,* Christina ~~Hallman~~ Gladfelter
6. *Mother's Maiden Name,* Christina Hallman
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Howard Gladfelter
9. *Father's Occupation* Painter
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return. A. A. Elwell M. D.

Address, 1741 Harford ave

Remarks, 8950005805

Any person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

m. J. C. Dulany Co., City Printers and Stationers.

68326

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) Colored.
3. Date of Birth, Sept. 4. / 95.
4. Place of Birth. (Street and Number) 218. W. York st.
5. Full Name of Mother, Ida. White
6. Mother's Maiden Name, Ida Dorden
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Aaron. White
9. Father's Occupation, Porter
10. Father's Birthplace, Richmond. Va

Name of Medical Attendant, or other person who makes this Return, Willie Grosz.

Address, 17. Winden St.

Remarks, 8950005884

Every such person or persons who shall neglect or fail to comply with the provisions of this section, or who shall make any false or fraudulent return, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

J. D. SULLIVAN CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 6802

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White —
3. Date of Birth Sept 7. 95 —
4. Place of Birth (Street and Number) 1220 Robin St.
5. Full Name of Mother Elnora Dolan Johnson
6. Mother's Maiden Name "
7. Mother's Birthplace Balto.
8. Full Name of Father William Johnson
9. Father's Occupation Laborer
10. Father's Birthplace Balto

Name of Medical Attendant, or other Person who makes this Return. J. D. Gilbert

Address 1214 Linwood

Remarks

8950005807

of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 61328

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* Sept 4
4. *Place of Birth, (Street and Number)* 622 Mulberry
5. *Full Name of Mother,* Bell Gross
6. *Mother's Maiden Name,* Bell French
7. *Mother's Birthplace,* Baltimore md
8. *Full Name of Father,* William French
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Baltimore md

Name of Medical Attendant, or other person who makes this Return. Annie Dunbar

Address, 602 Mulberry Court

Remarks,

8950005808

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

A. G. GALLERY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 68329

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 3rd

1. *Sex*, (*state whether male or female*) Male
2. *Race or Color*, (*if not of the white race*) White
3. *Date of Birth*, Sept. 4th 1895.
4. *Place of Birth*, (*Street and Number*) 1037 N. Central Ave
5. *Full Name of Mother*, Minnie Wielert
6. *Mother's Maiden Name*, " Bruns
7. *Mother's Birthplace*, Balto. City
8. *Full Name of Father*, Philip F. Wielert
9. *Father's Occupation*, Clothing Cutter
10. *Father's Birthplace*, Balto. City

Name of Medical Attendant, or other person who makes this Return. E. B. Fenby, M.D.

Address, 1219 N. Caroline st

Remarks,

875000 5809

Any such person or persons who shall be found guilty of violating the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

None

RETURN OF A BIRTH. 68330

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Failed to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 4th 1895
4. *Place of Birth, (Street and Number)* 5 W. Preston St.
5. *Full Name of Mother,* Edith Gittings Reid
6. *Mother's Maiden Name,* Edith Gittings
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Harry Fielding Reid
9. *Father's Occupation,* Professor of Physics.
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Howard A. Kelly.

Address, 1406 Eutaw Place.

Remarks,

RETURN OF A BIRTH. 68331

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 4th of Sept 1895
4. *Place of Birth, (Street and Number)* 235 S Wall St
5. *Full Name of Mother,* Emaley L. Stall
6. *Mother's Maiden Name,* Betz
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Jacob Stall
9. *Father's Occupation* inspector
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, M A Dunnigan

Address, 2024 E Pratt St

Remarks, Birth is premature

Caused by premature

child to report the birth to the Commissioner of Health, in the manner and within the period above required, and shall be liable to a penalty of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 68332

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d, &c.~~) .....

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Sept 4th 1895
4. *Place of Birth, (Street and Number)* 2225 - Oak St
5. *Full Name of Mother,* Mary Dallam Nelson
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Md -
8. *Full Name of Father,* Wm B. Nelson Jr
9. *Father's Occupation,* Broker
10. *Father's Birthplace,* Md -

Name of Medical Attendant, or other person who makes this Return, John H. Gaines

Address, 2100 - Md Ave

Remarks, ...

3950005812

Name of person or persons who shall in the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, for each offense, to be recovered as other fines and forfeitures are recoverable.

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 68333

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 4 1895
4. *Place of Birth, (Street and Number)* 427 E Preston St
5. *Full Name of Mother,* Annie Pate
6. *Mother's Maiden Name,* Annie Diamond
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Richard Pate
9. *Father's Occupation* Pilot
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return. A. A. Elwell M.D.

Address, [illegible]

Remarks, 6950005813

child to report its birth to the Commissioner of Health, in the manner and within the period above prescribed, and any such person or persons who shall neglect or refuse to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68334

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored race
3. *Date of Birth,* Born Sept. 4th 1895
4. *Place of Birth, (Street and Number)* 24 Dallas St. Baltimore Md.
5. *Full Name of Mother,* Unmarried
6. *Mother's Maiden Name,* Mellie Olive
7. *Mother's Birthplace,* Stulz Islands
8. *Full Name of Father,* William H. Anderson
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Fairmount Summerset County

Name of Medical Attendant, or other person who makes this Return, Georgeanna Brooks

Address 175 E. Mulliken St.

Remarks, No remarks.

8 9 5 0 0 0 5 8 1 4

Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 68335

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Minnie Sitten

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Brown skin
3. Date of Birth, Sept. 4.
4. Place of Birth, (Street and Number) 229 Arch St
5. Full Name of Mother, Minnie Sitten
6. Mother's Maiden Name, Metten Wilson
7. Mother's Birthplace, Eastern Shore Maryland
8. Full Name of Father, Peary Sitten
9. Father's Occupation, Labor
10. Father's Birthplace, Eastern shore Maryland

Name of Medical Attendant, or other Person who makes this Return Harriet Hammond

Address, 227 Arch St

Remarks,

RETURN OF A BIRTH. 68336

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Sept 4. 1895
4. Place of Birth. (Street and Number) 1748 N. Gay St
5. Full Name of Mother, Maria Fraser
6. Mother's Maiden Name, " Rebbinger
7. Mother's Birthplace, Maryland
8. Full Name of Father, William Fraser
9. Father's Occupation, Florist
10. Father's Birthplace, Scotland

Name of Medical Attendant, or other person who makes this Return, E. N. Thomas M.D.

Address, 18 E. Preston St.

Remarks,

8 9 5 0 0 0 5 8 1 6

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

over

RETURN OF A BIRTH. 68337

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Frank Shapiro

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Date September 4/15
4. Place of Birth, (Street and Number) 1[illegible] S. High Street.
5. Full Name of Mother, Esra (Shapiro) Shapiro
6. Mother's Maiden Name,
7. Mother's Birthplace, Russia
8. Full Name of Father, Meyer (Shapiro) Shapiro
9. Father's Occupation Junk Shop
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs Lena Barber

Address, [illegible] E. York Street Balto

Remarks,

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered, as other fines and forfeitures are recoverable.

B9500 058 17

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68338

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White Race
3. Date of Birth, 1895 5th of September
4. Place of Birth, (Street and Number) 918. Hollins St
5. Full Name of Mother, Bertha W. Sipes
6. Mother's Maiden Name, B. W. Schaffnerle
7. Mother's Birthplace, Germany
8. Full Name of Father, William E. Sipes
9. Father's Occupation Bricklayer
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Owen Hunter

Address, 23 S. Appleton St

Remarks, 1895 0005818

... to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be and be subjected to the fine of ten (10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

... J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68339

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 5th 1895.
4. Place of Birth, (Street and Number) #613 E. Pattterson Pk. Ave. Balt.
5. Full Name of Mother, Maggie Leit.
6. Mother's Maiden Name, Maggie Wilson
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, William Leit
9. Father's Occupation, Labor
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return, Mrs. Mary M. Taylor.

Address, #611 E. Patterson Pk. Ave.

Remarks, 8950005819

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

m J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68340

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 5 95
4. *Place of Birth, (Street and Number)* 53 Mount Street annex
5. *Full Name of Mother,* Ella Cannon
6. *Mother's Maiden Name,* Ella Moffit
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Frank Louis Cannon
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Christina Lauer

Address, 1059 Harford Ave

Remarks,

1 8 9 5 0 0 0 5 8 2 0

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68341

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 5/95
4. *Place of Birth, (Street and Number)* 625 N. Bond St
5. *Full Name of Mother,* Margaret D. Eder
6. *Mother's Maiden Name,* Margaret D. Metzel
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Joseph A. Eder
9. *Father's Occupation* Merchant
10. *Father's Birthplace,* Balto. Md

Name of Medical Attendant, or other person who makes this Return. Harlicey M.D.

Address, 201 N. Broadway

Remarks, Born 9 50 AM 5 8 2 V

m. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68342

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	First
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,* Sept 5th 95	613 Conway St
4. *Place of Birth, (Street and Number)*	" " "
5. *Full Name of Mother,*	Agatha M. Greacen Everitt
6. *Mother's Maiden Name,*	" " "
7. *Mother's Birthplace,*	Baltimore, Md
8. *Full Name of Father,*	Thomas L. Everitt
9. *Father's Occupation*	Salesman
10. *Father's Birthplace,*	Baltimore Md
Name of Medical Attendant, or other person who makes this Return,	Addison C. Fox. M.D.
Address,	1205 W Fayette St
Remarks,	

1 8 9 5 0 0 0 5 8 2 2

Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68343

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) third

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 5 1895
4. *Place of Birth, (Street and Number)* 728 N. Central ave
5. *Full Name of Mother,* Mary Ann Edel
6. *Mother's Maiden Name,* Mary Ann Helfrich
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* August Edel
9. *Father's Occupation* Printer
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Anna Eliza Godfrey

Address, 837 N. Central ave

Remarks, 8950005823

Penalties upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered in other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 68344

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Sept 8th 95
4. *Place of Birth, (Street and Number)* 101 Rogers ave
5. *Full Name of Mother,* Annie Hawkins
6. *Mother's Maiden Name,* Annie Cornish
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Hawkins
9. *Father's Occupation,* Hostler
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. W. Clyde Burns MD

Address, 1126 E. Fayette St

Remarks,

5950085824

attendance upon the mother, immediately thereafter, shall become the duty of the person or persons in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above prescribed; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

THOS. J. C. BEALMY & SON, CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 68345

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Sept 5
4. *Place of Birth, (Street and Number)* 1136 Hulls Lane
5. *Full Name of Mother,* Mary Harris
6. *Mother's Maiden Name,* Mary Jones
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Geo Harris
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. W. Clyde Burns, M.D.

Address, 1126 E. Baltimore St

Remarks,

8450085825

RETURN OF A BIRTH. 68346

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* September 5th 1895
4. *Place of Birth, (Street and Number)* 723 N Durham Street
5. *Full Name of Mother,* Sarra Stevens
6. *Mother's Maiden Name,* Sarra Tomas
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Henry Tomas
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Engelhart

Address, 1726 Eastern Ave Balto Md

Remarks,

1 8 9 5 0 0 0 5 8 2 6

m J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 68347

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 5th of September 1895
4. Place of Birth, (Street and Number) 616 North King st
5. Full Name of Mother, Rosie Miller
6. Mother's Maiden Name, Rosie Wright
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wm. Alonzo Miller
9. Father's Occupation, Car Shop Labor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Annie Duncan

Address, 4122 Mary Court

Remarks,

8 9 5 0 0 0 5 8 2 7

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall have or shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

J. D. BELANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 68348

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 5th 1895.
4. Place of Birth, (Street and Number) 2523 E. Oliver st.
5. Full Name of Mother, Minnie W. Sauft
6. Mother's Maiden Name, " " Schleich
7. Mother's Birthplace, Balto. City
8. Full Name of Father, Andrew Sauft
9. Father's Occupation, Brick maker
10. Father's Birthplace, Balto. City

Name of Medical Attendant, or other person who makes this Return, E. B. Fenby, M.D.

Address, 1219 N. Caroline st.

Remarks,

8950005828

Will report in writ to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Form J. C. Dulany Co., City Printers and Stationers.

Ouw

RETURN OF A BIRTH. 68349

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Suzanna Matilda May

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 5th 1895
4. Place of Birth, (Street and Number) 518 S. Dallas Street
5. Full Name of Mother, Mary May
6. Mother's Maiden Name, Mary Hoehler
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Henry May
9. Father's Occupation, Sawyer
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Mary Engelhart

Address, 1728 Eastern Ave Balto Md

Remarks,

1 8 9 5 0 0 0 5 8 2 9

CORRECTED BY
See DOCUMENT FILE
DATE
CLERK

any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68350

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 5th 1895. 1628 W. Lanvale St
4. Place of Birth, (Street and Number) " " " "
5. Full Name of Mother, Minnie Murray
6. Mother's Maiden Name, Minnie Eck
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, John B. Murray
9. Father's Occupation Engraver
10. Father's Birthplace, Scotland.

Name of Medical Attendant, or other person who makes this Return, Addison C. Fox. M.D.

Address, 1205 W. Fayette St

Remarks,

1 8 9 5 0 0 5 8 3 0

any such person or persons, shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68857

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, September. 5. 1895
4. Place of Birth, (Street and Number) 1531. Byrd. St
5. Full Name of Mother, Lizzie. Bowman
6. Mother's Maiden Name, Lizzie. Schly
7. Mother's Birthplace, Baltimore. Md
8. Full Name of Father, George. E. Bowman
9. Father's Occupation, Foreman
10. Father's Birthplace, Cincinnatti. O.

Name of Medical Attendant, or other person who makes this Return, Ellenmorwa. anderson

Address, 1434. Patapsco. St

Remarks,

8 9 5 0 0 0 5 8 3 1

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall, on conviction, be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68352

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 5 1903
4. *Place of Birth, (Street and Number)* Alice Ann St.
5. *Full Name of Mother,* Nina Starcheck
6. *Mother's Maiden Name,* " Rosolesk
7. *Mother's Birthplace,* Poland
8. *Full Name of Father,* Joseph Starcheck
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Poland

Name of Medical Attendant, or other person who makes this Return, Mary [illegible]

Address, 602 S. Bond St.

Remarks,

1 8 9 5 0 0 0 5 8 3 2

RETURN OF A BIRTH. 68353

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Sept 6th 1895
4. *Place of Birth, (Street and Number)* 615 Campbell
5. *Full Name of Mother,* Dora Vernella
6. *Mother's Maiden Name,* Dora Carter
7. *Mother's Birthplace,* Va
8. *Full Name of Father,* Edgar Vernella
9. *Father's Occupation,* Porter
10. *Father's Birthplace,* Va

Name of Medical Attendant, or other person who makes this Return. Hannah Hartshell

Address, 609 Campbell st.

Remarks,

8 9 5 0 0 0 5 8 3 3

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

m J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME LOCKED 3-9-56

RETURN OF A BIRTH. 68354

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Marie Catherine Craig

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 1895 September 5, 1895
4. *Place of Birth, (Street and Number)* 1621 S. Charles St
5. *Full Name of Mother,* Mary A Craig
6. *Mother's Maiden Name,* Mary A Meyer
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John E. Craig
9. *Father's Occupation* Railroader
10. *Father's Birthplace,* Worchester Co

Name of Medical Attendant, or other person who makes this Return, Wm. R. Caskey

Address, 913 E. Heath

Remarks, Living Girl

1895 0005834

Form. J. C. Dolany Co., City Printers and Stationers.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68355

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Colored Male
2. Race or Color, (if not of the white race) Sept 5
3. Date of Birth, 1603 Orleans
4. Place of Birth, (Street and Number) Alice Green
5. Full Name of Mother, Alice O'brien
6. Mother's Maiden Name, Annarundel County
7. Mother's Birthplace, Stany Green
8. Full Name of Father, Annarundel county
9. Father's Occupation, Labor
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Sarah Hooper

Address, 123 N Durham St

Remarks, No remarks

1895 0005835

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

m J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68356

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* September 6th 1895
4. *Place of Birth, (Street and Number)* No 12 North High street
5. *Full Name of Mother,* Annie Collins
6. *Mother's Maiden Name,* Annie Hopkins
7. *Mother's Birthplace,* Dorchester County M.D.
8. *Full Name of Father,* George Collins
9. *Father's Occupation,* Stable Boss
10. *Father's Birthplace,* Dorchester County M.D.

Name of Medical Attendant, or other person who makes this Return, Dr. W. Winsey

Address, Mary E Stuart 1132 E Lexington street

Remarks, all satisfaction given

8950005836

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 68357

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Sept 6 95
4. Place of Birth, (Street and Number) 1112 Fulton Road
5. Full Name of Mother, Mrs Catherine Kelly Hughes
6. Mother's Maiden Name,
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Jas Kelly
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Mrs Ann Connor

Address, 1112 Hulbert St

Remarks,

8 9 5 0 0 0 5 8 3 7

attendance upon the mother, immediately thereafter it shall become the duty of the nurse or midwife of such child, or the person in charge of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68355

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sep. 6th 1895
4. Place of Birth, (Street and Number) #1901 Sherwood Ave
5. Full Name of Mother, Mary E. Owens
6. Mother's Maiden Name, " " " Gipson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph F. Owens
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, R. G. Rankin M.D

Address, #811 Jefferson Ave Waverly

Remarks, City

8950005838

RETURN OF A BIRTH. 68359

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Caucasian
3. Date of Birth. September 6th 1895
4. Place of Birth, (Street and Number) 2231 Wilkens Ave.
5. Full Name of Mother, Maggie Hertlein
6. Mother's Maiden Name, Maggie Buxbaum
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, John G Hertlein
9. Father's Occupation Collector
10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, G. Herrick

Address. 2151. Wilkens Ave.

Remarks, It was the second born of the Twins.

8750005839

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68359½

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) female
2. Race or Color. (if not of the white race) caucasian
3. Date of Birth. September, 6th 1895
4. Place of Birth, (Street and Number) 2231. Wilkens Ave
5. Full Name of Mother, Maggie Hertlein
6. Mother's Maiden Name, Maggie Buchmann
7. Mother's Birthplace. Baltimore, Md.
8. Full Name of Father, John, E. Hertlein
9. Father's Occupation Collector
10. Father's Birthplace. Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Dr. Heedrich

Address, 2151. Wilkens Ave

Remarks, It was the first born of the Twins.

8950005840

child to report its birth to the Commissioners of Health, in the manner and within the period prescribed by law, and that any such person or persons who shall have neglected or failed to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 5/24/69

RETURN OF A BIRTH. 6 3160

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: MYRA ALTHEA ~~ADLER~~ [redacted]

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 ND.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* N.
3. *Date of Birth,* Sept. 6/95
4. *Place of Birth, (Street and Number)* 240 S. Washington
5. *Full Name of Mother,* Mary Adler
6. *Mother's Maiden Name,* Mary Engelbrecht
7. *Mother's Birthplace,* B.C.
8. *Full Name of Father,* Henry L. Adler
9. *Father's Occupation,* Fireman
10. *Father's Birthplace,* B. C.

Name of Medical Attendant, or other person who makes this Return G. S. Wilstin M.D.

Address, 6 N. Broadway

Remarks,

8950005841

any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

Ann

RETURN OF A BIRTH. 68361

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Charles [illegible]

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 9-6-95

4. Place of Birth, (Street and Number) 1509 Light St.

5. Full Name of Mother, Annie Josephine McCluse

6. Mother's Maiden Name, Musgrave

7. Mother's Birthplace, Chambersburg, Pa.

8. Full Name of Father, Richard McCluse

9. Father's Occupation Shipping clerk

10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, J. A. Clement M.D.

Address, 530 N. Gilmor St.

Remarks, 1895000 5642

Wm. J. C. Dulany Co., City Printers and Stationers.

Every birth occurring in this city shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68362

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) N.
3. Date of Birth, Sept. 6/95
4. Place of Birth, (Street and Number) 2536 E. Oliver St
5. Full Name of Mother, Rosa May Seibert
6. Mother's Maiden Name, " " Lusby
7. Mother's Birthplace, Calvert Co. Md.
8. Full Name of Father, Andrew Seibert
9. Father's Occupation, Clerk
10. Father's Birthplace, D. C.

Name of Medical Attendant, or other person who makes this Return, Geo. L. Wiedrich M.D.

Address, 6 N. Broadway

Remarks,

8950005843

Any such person or persons who shall be found guilty of violating any of the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

m J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68363

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 6 1883
4. Place of Birth, (Street and Number) Harrison st Hemstead army hot Baltimore
5. Full Name of Mother, Ida L Legoy
6. Mother's Maiden Name, Cole
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, William F Legoy
9. Father's Occupation Machinist
10. Father's Birthplace, Delaware

Name of Medical Attendant, or other person who makes this Return, H Gomez Wetherald M.D.

Address, 237 Lanvale ave

Remarks.

8950005844

Wm. J. C. Dulany Co., City Printers and Stationers.

Report A. 1 Pink to the Commissioner of Health, in the manner and within the period above required, and any mother or person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68364

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12 th.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 6th of Sept.
4. Place of Birth, (Street and Number) 217 Chestnut St.
5. Full Name of Mother, Margret Johnson
6. Mother's Maiden Name, Margret Brown
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph E. Johnson
9. Father's Occupation Laborer
10. Father's Birthplace, Frederick

Name of Medical Attendant, or other person who makes this Return, Carrolline Patterson

Address, 419 Lewis St.

Remarks, Doing well as can expect

1850058 45

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68365

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Sept 6 1895
4. *Place of Birth, (Street and Number)* 1704 S. Charles st
5. *Full Name of Mother,* Carrie Finved
6. *Mother's Maiden Name,* Klein
7. *Mother's Birthplace,* America
8. *Full Name of Father,* Bert Finved
9. *Father's Occupation* labor
10. *Father's Birthplace,* America

Name of Medical Attendant, or other person who makes this Return, Carolina Schwarz

Address, 434 Fort ave

Remarks,

8 9 5 0 0 0 5 8 4 6

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall neglect or refuse to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68366

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, September 16 1895
4. Place of Birth, (Street and Number) 134 West Hoffman St
5. Full Name of Mother, Maggie Smith
6. Mother's Maiden Name, " " Archer
7. Mother's Birthplace, Balto. Md
8. Full Name of Father, Jeff Smith
9. Father's Occupation Trailer
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Amelia Johnson

Address, 1024 Park ave.

Remarks, 8950005847

m. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68367

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Sept-7th 1895.
4. *Place of Birth, (Street and Number)* 1011 Jenkins Alley
5. *Full Name of Mother,* Mary Manor
6. *Mother's Maiden Name,* Mary White
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Geo. H. Manor
9. *Father's Occupation* Waiter
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, Amelia Johnson

Address, 1024 Park ave.

Remarks,

8 9 5 0 0 0 5 8 4 8

child to report its birth to the Commissioner of Health, or be made the subject of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

m. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68368.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 7th 1895.
4. Place of Birth, (Street and Number) #2238 Clinton Ave.
5. Full Name of Mother, Mary A Sensbine
6. Mother's Maiden Name, Mary Rader.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John A Sensbine
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Mary M. Taylor.

Address, #611 S. Pattison Pk. Ave.

Remarks,

6 9 5 0 0 0 5 8 4 9

Will report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68369

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Two Sept 1905
4. *Place of Birth, (Street and Number)* 1432 N Gay St
5. *Full Name of Mother,* Katie Sachs
6. *Mother's Maiden Name,* " " Garnhardt
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Harry Sachs
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Burns

Address, 1600 N Chester St

Remarks,

8950005850

child to report the birth to the Commissioner of Health, in the manner and within the period above prescribed, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

m. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68370

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth.* Sept 7th 1895
4. *Place of Birth, (Street and Number)* 241 McCulloh St
5. *Full Name of Mother,* Annie L. Riley
6. *Mother's Maiden Name,* " " Monohan
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John E. Riley
9. *Father's Occupation,* Detective
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Geo B. Reynolds M.D.

Address, 711 N Calvert

Remarks,

8 9 5 0 0 0 5 8 5 1

This to report to the Commissioner of Health, in the manner and within the period above required, any birth of a child born in any house, or place, or tenement, of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, for each offence; to be recovered in other fines and forfeitures are recoverable.

Jno. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68371

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Mulatto
3. Date of Birth, Sept 7 1895.
4. Place of Birth, (Street and Number) 22 N. Eastern Ave
5. Full Name of Mother, Ruda J. Porter
6. Mother's Maiden Name, Ruda J. Riddex
7. Mother's Birthplace, Balto. Md
8. Full Name of Father, Wilf W. Porter
9. Father's Occupation Coalmight
10. Father's Birthplace, Balto. Md

Name of Medical Attendant, or other person who makes this Return, S. Barnes M.D.

Address, 1 Dr. A. Broadway

Remarks, Born 50 Dr 55 A. Ave,

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68372

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 7 1895
4. Place of Birth, (Street and Number) Clements St 602
5. Full Name of Mother, Mary [redacted] Talbert
6. Mother's Maiden Name, Mary Lenny
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Richard L Talbert
9. Father's Occupation, Waiter
10. Father's Birthplace, Leonard County

Name of Medical Attendant, or other person who makes this Return, Margaret A Lambert

Address, Henrietta St 31

Remarks, mother and baby do well

895U005853

Cut 3 Report is with to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall herein fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68373

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) W Lite
3. Date of Birth, Sep 7th 1895
4. Place of Birth, (Street and Number) #311 Montebello Ave
5. Full Name of Mother, Edith-M- Roberts
6. Mother's Maiden Name, " " Shettle
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Roberts
9. Father's Occupation Window dresser
10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return, R. G. Rankin M.D

Address, ~~#~~ 811 Jefferson Ave Waverly City

Remarks,

18950005854

Child to report its birth to the Commissioner of Health, in the manner and within the time prescribed by ordinance, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 68074

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male Arthur Barnes Sawyer
2. *Race or Color, (if not of the white race)* White A.D.D. 8/9/20
3. *Date of Birth,* 7th day of September 1895.
4. *Place of Birth, (Street and Number)* No. 697 Brune Street
5. *Full Name of Mother,* Florence Sawyer
6. *Mother's Maiden Name,* Maxbee
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Shelton George Sawyer
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Columbia S.C.

Name of Medical Attendant, or other person who makes this Return. Paul T. Fordney

Address, 707 N. Gilmor Street

Remarks,

1895005855

J. C. TULLAHY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 68375

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Eighth

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Sep. 7th 1890
4. Place of Birth, (Street and Number) 1539 Clayton Ave
5. Full Name of Mother, Johanna Walsh
6. Mother's Maiden Name, Johanna Sullivan
7. Mother's Birthplace, Ireland
8. Full Name of Father, David E. Walsh
9. Father's Occupation, letter carrier
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Geo B Donnelly

Address, 1135 E Walsh St

Remarks, None

8950003856

Makes given the mother, immediately after the birth, or about no other person be in attendance, or omits to make such report, or gives false information, or omits any of such particulars required, and shall report the birth to the Commissioner, shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

THE J. C. BULLARD CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 68376

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 6

1. Sex (state whether Male or Female) Male
2. Race or Color (if not of the white race) White
3. Date of Birth Sept 7th, 95
4. Place of Birth (Street and Number) 16 St Ann's Ave.
5. Full Name of Mother Julia May McArdle
6. Mother's Maiden Name " "
7. Mother's Birthplace England
8. Full Name of Father Michael J. McArdle
9. Father's Occupation Laborer
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. L. D. Gilbert

Address 1744 Linden Ave

Remarks

8950005857

Form, to be filled in by physician, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 68077

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Myrtle C. ~~Cooper~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Sept. 7th 1895
4. *Place of Birth, (Street and Number)* 122 S. Exeter st.
5. *Full Name of Mother,* Leah Lipman
6. *Mother's Maiden Name,* Leah Cooper
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Meyer Lipman
9. *Father's Occupation* Cigar maker
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

8 7 5 0 0 0 5 8 5 8

Attendance upon the mother, immediately thereafter, shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period prescribed by law, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered in other cases fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

CERTIFICATE CORRECTED 3-16-59

RETURN OF A BIRTH. 68378

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Hannah Kramer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Mother of 7th child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept the 7th 1875
4. *Place of Birth, (Street and Number)* 119 Harrision st
5. *Full Name of Mother,* Mollie ~~Kramer~~ Kramer
6. *Mother's Maiden Name,* " Ehart
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* ~~Jacob Kramer~~ Jacob Kramer
9. *Father's Occupation* Presser
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Mrs Eva Kohn

Address, 233 Harrision st.

Remarks. Mother and child are well.

8950005859

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected in the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68379

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Upon whom shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period prescribed by ordinance, and any such person or persons who shall be certain fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, September 7th 1895
4. Place of Birth, (Street and Number) No. 12 Garrison Lane
5. Full Name of Mother, Elizabeth Furmanbe
6. Mother's Maiden Name, Elizabeth Zill
7. Mother's Birthplace, Germany
8. Full Name of Father, John Furmanbe
9. Father's Occupation Butcher
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8 4 5 0 0 0 5 8 6 0

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68380

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept. 8th
4. *Place of Birth, (Street and Number)* Bond 6 & 22
5. *Full Name of Mother,* Anna Bruecoska
6. *Mother's Maiden Name,* " Sayecki
7. *Mother's Birthplace,* Poland
8. *Full Name of Father,* Tom Bruecoska
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Poland

Name of Medical Attendant, or other person who makes this Return. Mary Kurzka

Address, 6 & 2 Bond

Remarks.

8950005861

m. J. C. Dulany Co., City Printers and Stationers.

child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

68381

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth,* Sept 8th 1895.
4. *Place of Birth, (Street and Number)* 1513 Mt Royal Ave
5. *Full Name of Mother,* Mrs Clara Irvine McDonald
6. *Mother's Maiden Name,* Miss Clara Irvine
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Frederick McDonald
9. *Father's Occupation,* Mercantile
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, Edward Geer

Address, N 33 Preston St.

Remarks,

8950005862

Ordinance upon the mother immediately thereafter shall become the duty of the person or persons in charge of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 68382

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 8. 1895
4. Place of Birth, (Street and Number) 13 Williamson St
5. Full Name of Mother, Kate Webster
6. Mother's Maiden Name, Kattie Jury
7. Mother's Birthplace, Balti
8. Full Name of Father, Isaac Webster
9. Father's Occupation Watchman
10. Father's Birthplace, Balti

Name of Medical Attendant, or other person who makes this Return, Dr. R. Carskey

Address, 213 E. Heath

Remarks, Living

8950005663

Attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report it to the Commissioner of Health, in the manner and within the period above required, and such report shall be sworn to by the person making the same, and any such persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68383

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Sept 8th 1895
4. *Place of Birth, (Street and Number)* 311 S Bethel Street
5. *Full Name of Mother,* Elizabeth Folkes
6. *Mother's Maiden Name,* Mundowney
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Charles Folkes
9. *Father's Occupation* Can Maker
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, Mrs H E Brown

Address, 2103 Orleans Street

Remarks,

8 9 5 0 0 0 5 8 6 4

Wm. J. C. Dulany Co., City Printers and Stationers.

Section 1. Be it ordained by the Mayor and City Council of Baltimore, That hereafter, it shall become the duty of the person or persons in charge of any house in which a child shall be born, within the period above required, and upon the mother, immediately upon the birth of such child, to report its birth to the Commissioner of Health, in the manner and form provided in this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68384

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Annie Charles May Wilson female
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 8th 1893
4. Place of Birth, (Street and Number) No 2034 Charles St
5. Full Name of Mother, Lottie Wilson
6. Mother's Maiden Name, Lottie Wells
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George S. Wilson
9. Father's Occupation Stone Polisher
10. Father's Birthplace, Seaford Del

Name of Medical Attendant, or other person who makes this Return, Catherine Horning

Address, No 1517 Byrd St

Remarks, Full name added from a Certificate, signed by Rev. Samuel S. Reichard, giving date of Baptism as Oct 15th 1895 at Baltimore - Md.

Wilson - Reg - 3-29-38

Wm. J. C. Dulany Co., City Printers and Stationers.

Any person who shall neglect or refuse to make the return required by this act, or who shall, no other person being in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to report the birth to the Commissioner of Health, or who shall neglect or fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 12-14-52

RETURN OF A BIRTH. 68385

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

James Henry Pennington

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 8th September - 1895
4. Place of Birth, (Street and Number) No 1227 Scott St
5. Full Name of Mother, Maggie E Pennington
6. Mother's Maiden Name, " " Hinky
7. Mother's Birthplace, Virginia
8. Full Name of Father, John T Pennington
9. Father's Occupation Labor
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mrs A. M. Bischoff

Address, No 829 Columbia Ave.

Remarks,

8950065866

Child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68386

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sep 8 1895
4. *Place of Birth, (Street and Number)* 127 Colen St
5. *Full Name of Mother,* Rita Cook
6. *Mother's Maiden Name,* Rita Frangale
7. *Mother's Birthplace,* Manchester Md
8. *Full Name of Father,* Robert J Cook
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Manchester Md

Name of Medical Attendant, or other person who makes this Return, Dr. R. Caskey

Address, 213 E Heath St

Remarks, Mother Well

8 9 5 0 0 2 5 8 6 7

Wm. J. C. Dulany Co., City Printers and Stationers.

Each once upon the mother, immediately thereafter, it shall become the duty of the person or persons of such age, whether under or over 21, in the same house and within the period above specified, such child to report its birth to the Commissioner of Health, in the manner and form prescribed, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68387

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* September 8th 95
4. *Place of Birth, (Street and Number)* 921 W. Washington
5. *Full Name of Mother,* Lizzie Bernhorn
6. *Mother's Maiden Name,* Lizzie Berrinot
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* August Bernhorn
9. *Father's Occupation* Cigar maker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs L. Gross

Address, 1907 E. Monument St

Remarks,

8950005868

attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

m. j. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68388

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 9/95
4. Place of Birth, (Street and Number) 209 S. Spring St
5. Full Name of Mother, Mary A. Flegel
6. Mother's Maiden Name, Mary A. Rogers
7. Mother's Birthplace, Md
8. Full Name of Father, Geo. C. Flegel
9. Father's Occupation Painter
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, [illegible] M.D.

Address, 201 N. Broadway

Remarks, Born at home

attendance upon the mother, himself or herself shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68389

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 9th day September 1899
4. *Place of Birth, (Street and Number)* Baltimore 314 Parkin St
5. *Full Name of Mother,* Sarah E Lee Bon
6. *Mother's Maiden Name,* Sarah E Brohard
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Claude E Lee Bon
9. *Father's Occupation* Baker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Celia Cross

Address, 409 S. Bouldin St

Remarks, //

8950005870

Wm. J. C. Dulany Co., City Printers and Stationers.

Section 8. Whoever is a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, shall become the person or parents of such child to report its birth to the Commissioner of Health, to the minor and within the period hereinbefore and hereinafter specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68390

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 9th September 1895

4. Place of Birth, (Street and Number) Baltimore Md 405 Barrett St

5. Full Name of Mother, Maggie Stewart

6. Mother's Maiden Name, Ries

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, John Stewart

9. Father's Occupation Tailor

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Mary Jenkins

Address, 414 Strawber St Baltimore Md

Remarks, Mother and Child are doing well

8950005871

attendance upon the mother, immediately thereafter, shall be required to report the birth to the Commissioner of Health, in the manner and within the period prescribed by law, and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for such offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68391

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 9th 1895.
4. Place of Birth, (Street and Number) 1016 N. Dallas st.
5. Full Name of Mother, Catherine Parr Doyle
6. Mother's Maiden Name, "
7. Mother's Birthplace, Balto. City
8. Full Name of Father, Adam Parr
9. Father's Occupation, Laborer
10. Father's Birthplace, Balto. City

Name of Medical Attendant, or other person who makes this Return, E. B. Fenby, M.D.

Address, 1219 N. Caroline st.

Remarks, 8950005872

Within one month, immediately thereafter it shall become the duty of the person or persons in charge of such child to report its birth to the Commissioner of Health, in the manner and with the particulars required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68392

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Color
3. Date of Birth, September 9th 1895
4. Place of Birth, (Street and Number) 5 W. West st.
5. Full Name of Mother, Mary Brown
6. Mother's Maiden Name, Mary Irwin
7. Mother's Birthplace, Baltimore, md
8. Full Name of Father, Ezekiah Brown
9. Father's Occupation Liver
10. Father's Birthplace, Calvert Co. Md

Name of Medical Attendant, or other person who makes this Return. Charlottie Williams

Address, 710 Leadenhall st

Remarks, 1895000587 3

Attendance upon the mother, immediately after the birth, is required by the Ordinance of Baltimore City, approved June 1, 1894. It shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall, upon conviction, be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68393

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored race

3. Date of Birth, Born Sept. 9th 1895

4. Place of Birth, (Street and Number) 203 N. Durham St. Baltimore Md.

5. Full Name of Mother, Martha Myers

6. Mother's Maiden Name, Martha Myers

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, James Myers

9. Father's Occupation Labor

10. Father's Birthplace, West India

Name of Medical Attendant, or other person who makes this Return, Georgianna Brooks

Address, 1757 E. Mullikin St.

Remarks, Born with inflamed eyes.

8950005874

Wm. J. C. Dulany Co., City Printers and Stationers.

Every child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68394

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 Child

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White Race
3. Date of Birth, Born Sept 9th 1895
4. Place of Birth, (Street and Number) #1808 Dover St
5. Full Name of Mother, Mrs. Annie Reinhardt
6. Mother's Maiden Name, Miss " Arnold
7. Mother's Birthplace, Balto City
8. Full Name of Father, John Reinhardt
9. Father's Occupation Labor
10. Father's Birthplace, Bayern Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Hiller

Address, #2008 N. Henry St

Remarks,

8 9 5 0 0 0 5 8 7 5

Wm. J. C. Dulany Co., City Printers and Stationers.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68395

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 5th

1. *Sex*, (*state whether male or female*) Male
2. *Race or Color*, (*if not of the white race*)
3. *Date of Birth*, Sep 9. 1895
4. *Place of Birth*, (*Street and Number*) 1315 Edmondson Ave.
5. *Full Name of Mother*, Anna Dennis
6. *Mother's Maiden Name*, Sleirat
7. *Mother's Birthplace*, Balto. Co
8. *Full Name of Father*, J Harry Dennis
9. *Father's Occupation*, Paper Hanger
10. *Father's Birthplace*, Balt.

Name of Medical Attendant, or other person who makes this Return. H W Wilson

Address, 1008 Madison Ave.

Remarks,

8950005876

attendance upon the mother, immediately thereafter it shall become the duty of the person required, and child to report to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall be under fail to comply with the provisions of this section shall be, subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

...M. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 68396

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Sept 9th 1895.
4. Place of Birth, (Street and Number) #2512 Hudson St. Baltimore md
5. Full Name of Mother, Katie Shinick
6. Mother's Maiden Name, Katie Fidler
7. Mother's Birthplace, Germany
8. Full Name of Father, Sebastian Shinick
9. Father's Occupation, Labor.
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return, Mrs. Mary M. Taylor.

Address, #611 S. Patterson Pk. Ave. Baltimore Md.

Remarks,

1 8 9 5 0 0 0 5 8 7 7

Wm J. C. Dulany Co., City Printers and Stationers.

[illegible] the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above stated, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68397

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d, &c.~~) 2d

1. Sex, (state whether ~~male or~~ female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, September 5 1895

4. Place of Birth, (Street and Number) 50 Gorsuch Avenue

5. Full Name of Mother, Mary A Sharon

6. Mother's Maiden Name. Lawrence

7. Mother's Birthplace. Md

8. Full Name of Father. William A Sharon

9. Father's Occupation. Florist

10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. Hopson Methodist M.D.

Address, 270 Gorsuch avenue

Remarks.

18950068878

Wm. J. C. Dulany Co., City Printers and Stationers.

Ignorance upon the mother immediately thereafter, shall become due and payable by the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above prescribed, and any such person or persons who shall hereof fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68398

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) Colored.
3. Date of Birth, Sept. 29 1895
4. Place of Birth, (Street and Number) 827 Parrish Ally, Balto. Md.
5. Full Name of Mother, Jennie Young.
6. Mother's Maiden Name, Jennie Johnson
7. Mother's Birthplace, Annapolis, Md.
8. Full Name of Father, George Young.
9. Father's Occupation, Labor.
10. Father's Birthplace, Annapolis, Md.

Name of Medical Attendant, or other person who makes this Return, Burns Oxford 524 St.

Address, Wm.

Remarks, 8 9 5 0 8 0 3 8 7 9

[illegible] upon the mother, immediately after the birth of a child, or attendance upon a parturition or practitioner of midwifery, or should no other person be in attendance, it shall be the duty of the person or persons so in attendance, or the person or persons required, and shall be the duty of the mother, hereafter in like manner and within the period and according to the provisions of this section shall be subject to report to the Registrar of Vital Statistics of the City of Baltimore, the facts required by the Board of Health, to comply with the provisions of this section shall be subject to any such penalty or penalties which may be imposed by the Board of Health, or forfeitures are recoverable in the Courts of this City, hereafter it shall become the duty of the person or persons required, and shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS

RETURN OF A BIRTH. 68399

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, [illegible] 9th 1897

4. Place of Birth, (Street and Number) Baltimore Md [illegible]

5. Full Name of Mother, Augusta Frost

6. Mother's Maiden Name, Augusta Parrish

7. Mother's Birthplace, Germany

8. Full Name of Father, August Frost

9. Father's Occupation Tailor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Henry [illegible]

Address, [illegible]

Remarks, 8950095300

Attendance upon a birth by a physician or practitioner of midwifery, or shown by the return of such attendance upon a birth to the Office which shall become and remain the property of the Board of Health, in the City of Baltimore, with the period allowed by law, no other person or persons are required, and shall be exempt from the duty of the person or persons required, and any such person or persons who may fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, in be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68400

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Sept. 9, 1895
4. Place of Birth, (Street and Number) 414 Glen Edward ave
5. Full Name of Mother, Ellen Daily
6. Mother's Maiden Name, " Duffy
7. Mother's Birthplace, Ireland
8. Full Name of Father, Wm. Daily
9. Father's Occupation, Labor
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, J. Edward Janney, M.D.

Address, 837 N. Eutaw st

Remarks, Breech presentation, the fourth in succession. 8 9 5 0 0 0 5 3 0 1

RETURN OF A BIRTH. 68401

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 9 September
4. Place of Birth, (Street and Number) 1531 Bruce st
5. Full Name of Mother, Mary Meehan
6. Mother's Maiden Name, Mary A McBright
7. Mother's Birthplace, Ireland
8. Full Name of Father, Antna Meehan
9. Father's Occupation Lrabor
10. Father's Birthplace, Irland

Name of Medical Attendant, or other person who makes this Return, Sarah Rollins

Address. 1610 Vincent st

Remarks.

1 8 9 5 0 0 0 5 8 8 2

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68402

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, September 10th 1895

4. Place of Birth, (Street and Number) No 1103 Gladden Hall st

5. Full Name of Mother, Lolley Kinsley

6. Mother's Maiden Name, Lolley Scherlock

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William Kinsley

9. Father's Occupation Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Catherine Hornung

Address, No 1517 Byrd st

Remarks,

1895 0085883

Wm. J. C. Dulany Co., City Printers and Stationers.

Sections 1 and 2 of the Act of Assembly, 1894, Chapter 179, provide that: "It shall become the duty of the person or persons in attendance upon the mother immediately thereafter to make, or cause to be made, a return of such birth to the Commissioner of Health, in such manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be deemed guilty of a misdemeanor, and shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable."

GIVEN NAME ADDED 8-22-5-7

RETURN OF A BIRTH 68403

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Helen Marie ~~Mardage~~ Bth

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth. September 10th 1895
4. Place of Birth. (Street and Number) 1033 Dallas St
5. Full Name of Mother, Josephine Mardage
6. Mother's Maiden Name, Josephine White
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Adolph Mardage
9. Father's Occupation Tailor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. L. Gross

Address, 1907 E. Monument St

Remarks, 0950005884

attendance upon the mother immediately thereafter it shall become the duty of the person so attending, or if there be no such person, then the mother, or in her absence, the person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

m. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68404

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3. Child

1. Sex, (state whether male or female) Girl
2. Race or Color. (if not of the white race) White Race
3. Date of Birth, Born Sept 19th 1895
4. Place of Birth, (Street and Number) # 102 Wilkens St
5. Full Name of Mother, Mrs. Antonie Klein
6. Mother's Maiden Name, Miss. " Gerst
7. Mother's Birthplace, Balto City
8. Full Name of Father, John Klein
9. Father's Occupation Butcher
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return, Mrs. Hilley

Address, # 2008 N. Henry St

Remarks,

8 7 5 0 0 0 5 8 8 5

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and with the forms prescribed; and any such person or persons who shall be found guilty, within the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 68405

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, 10 September
4. Place of Birth (Street and Number), Fate avenue No. 8
5. Full Name of Mother, Annie Lizzie Petters
6. Mother's Maiden Name, Ar. L Rice
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Thomas C Petters
9. Father's Occupation, Boxler Maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Frances C Rice

Address, Fater avenue

Remarks, 8950005806

The attendance of a physician or practitioner of midwifery, or should an other person be in attendance upon the mother, it shall be the duty of the physician or other person so in attendance upon the mother, immediately thereafter, to make and within ten days above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, so be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH. 68406

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sep 10th
4. Place of Birth, (Street and Number) 226 S. Stricker
5. Full Name of Mother, Mary E Cole
6. Mother's Maiden Name, Balt. Md.
7. Mother's Birthplace, Olin E Shaw
8. Full Name of Father, Carpenter
9. Father's Occupation, York Penna
10. Father's Birthplace, Robert H Kemmas

Name of Medical Attendant, or other person who makes this Return. 226 N Eden ave

Address,

Remarks,

8950005887

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS.

Attendance of a physician or practitioner of midwifery, or should no other person, be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Registrar, stating the facts herein required to be reported, and any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 68402

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13th

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) Colored.
3. Date of Birth, September 10th 1895
4. Place of Birth, (Street and Number) Baltimore 620 N Spring st
5. Full Name of Mother, Alverta V. Francis
6. Mother's Maiden Name, Alverta V. Gale.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Benjamin Francis.
9. Father's Occupation, Porter
10. Father's Birthplace, Boston.

Name of Medical Attendant, or other person who makes this Return. Annie Duncan

Address, McElderry Court 602.

Remarks,

1895 U 005 888

[illegible] person or practitioner of attendance upon the mother or child immediately thereafter is and become the duty of the person or persons so attending, to report to the Commissioner of Health, to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

[illegible] J. D. DELANY & SON, CITY PRINTERS AND STATIONERS

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, the person who shall hereafter fail to comply with the provisions of this section shall be subject to a penalty of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68408

CERTIFICATE CORRECTED 1-30-54

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Florence ~~McKean~~ Heilson

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 10th 1895
4. Place of Birth, (Street and Number) 1303 Myrtle Ave.
5. Full Name of Mother, Susan E. (Robson) Heilson
6. Mother's Maiden Name, Susan E. Wood
7. Mother's Birthplace, New York
8. Full Name of Father, Charles (Robson) Heilson
9. Father's Occupation, Coal-dealer
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, John D. Pennington M.D.

Address, 1716 Linden Ave

Remarks,

8 9 5 0 0 0 5 8 8 9

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68409

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sep 10th 1895
4. *Place of Birth, (Street and Number)* #500 East St
5. *Full Name of Mother,* Martha J. Warfield
6. *Mother's Maiden Name,* " " Hare
7. *Mother's Birthplace,* Baltimore Co Md
8. *Full Name of Father,* Samuel S. H. Warfield
9. *Father's Occupation* Veterinarian
10. *Father's Birthplace,* Balto Co Md

Name of Medical Attendant, or other person who makes this Return, R G Rankin M.D.

Address, #811 Jefferson Ave Waverly City

Remarks,

8950005890

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practitioner of medicine, the case shall be filled by any child attendant upon the mother, immediately thereafter, in the same city, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a penalty of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68410

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* race color
3. *Date of Birth,* Born on the 10 of september
4. *Place of Birth, (Street and Number)* 723 gridell Court
5. *Full Name of Mother,* Sallie royal
6. *Mother's Maiden Name,* Sallie Lincis
7. *Mother's Birthplace,* She was Born in Cent Corty
8. *Full Name of Father,* John royal
9. *Father's Occupation* the father is a oyster shuker
10. *Father's Birthplace,* he was Born in Cent Corty

Name of Medical Attendant, or other person who makes this Return. M. Grant gray

Address, secret Cell Extent Couple

Remarks, and Montgomery

595000058911

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68411

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Sept 19th 1895
4. *Place of Birth, (Street and Number)* 1147 Whiteall St.
5. *Full Name of Mother,* Matilda Smith
6. *Mother's Maiden Name,* Matilda Muse
7. *Mother's Birthplace,* Essex Co Va
8. *Full Name of Father,* George Smith
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Rock Hill Md

Name of Medical Attendant, or other person who makes this Return. Mary Dorsey

Address, 1809 Lemmon St

Remarks, Oct 28 1892

Wm. J. C. Dulany Co., City Printers and Stationers.

attendance upon the mother, immediately hereafter, it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68412

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 th

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 10. 1895
4. Place of Birth, (Street and Number) 400 E Fort ave
5. Full Name of Mother, Caroline Giesecke
6. Mother's Maiden Name, Seelwade
7. Mother's Birthplace, Germany
8. Full Name of Father, August Giesecke
9. Father's Occupation Restaurant
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Caroline Siemantz

Address, 434 E. Fort ave.

Remarks,

8950005893

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, it shall become the duty of the person or parents of such child, or, in default thereof, the mother, and within the period above required, and immediately hereafter, it shall be the duty of the person or parents of such child, or, in default thereof, the mother, to report such birth to the Commissioner of Health, and to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68413

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Sept 10 - 1895
4. Place of Birth, (Street and Number) 1010 Vincent St
5. Full Name of Mother, Louisa Johnson
6. Mother's Maiden Name, "
7. Mother's Birthplace, Spottsylvania Co Va.
8. Full Name of Father, X
9. Father's Occupation X
10. Father's Birthplace, X

Name of Medical Attendant, or other person who makes this Return, Henry Chandelle M.D.

Address, 1013 Linden Ave.

Remarks, 8950005894

shall occur without the attendance of a physician or a person aspect of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or attendant upon the mother, immediately after it shall become the duty of the person (or persons) in attendance upon the mother, immediately after it shall become the duty of the person (or persons) in attendance upon the mother, to make a return of such birth to the Commissioner of Health, in the manner and within the period required, and child to report to the Commissioner of Health, to the manner and within the period required, and any and all persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 68414

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Sept 10 - 1895
4. Place of Birth, (Street and Number) 1518 Rice St
5. Full Name of Mother, Maggie Sisco
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Annie Arundel
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Asa F. Dressels.

Address, 1122 Mount St.

Remarks.

1 8 9 5 0 0 0 5 8 9 5

Any person who shall neglect or refuse to report the birth of any child attended by a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 68415

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth. Sept 11 '95
4. Place of Birth, (Street and Number) 841 W. Fayette st
5. Full Name of Mother, Mrs. Margaret J. Blondel
6. Mother's Maiden Name, " J. Burck
7. Mother's Birthplace, Balto
8. Full Name of Father, John J. Blondel
9. Father's Occupation Dealer in Gas Fixtures
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, T C Worthington

Address. 840 W Fayette st

Remarks, Sixth Son Consecutively

B 9 5 0 0 0 5 3 9 6

In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the birth, the person in charge of the place of such birth, or the person or parents of such child, is required to report the birth to the Commissioner of Health, in the manner and within the period above specified, and any such person or persons who shall have neglected or failed to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68416

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) N.
3. Date of Birth, Sept 11/95
4. Place of Birth, (Street and Number) 2119 Dairmont ave
5. Full Name of Mother, Sarah A. Clark
6. Mother's Maiden Name, " " Brown
7. Mother's Birthplace, B. C.
8. Full Name of Father, John E. Clark
9. Father's Occupation, Eng mer
10. Father's Birthplace, B. C.

Name of Medical Attendant, or other person who makes this Return. Geo L. Mortens

Address, 6 N. Bdy

Remarks, 8950005897

Wm J C. Dulany Co., City Printers and Stationers.

Ignorance upon the mother, immediately thereafter it shall become the duty of the person or other person in charge of the house or place where the child was born, or the person in charge of the house, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report in writing to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 6841

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd. – Twin, The other Still Born

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) W.
3. Date of Birth, Sept. 11/95
4. Place of Birth, (Street and Number) 2305 W. Charles St.
5. Full Name of Mother, Annie Duncan
6. Mother's Maiden Name, " Berlin
7. Mother's Birthplace, B. C.
8. Full Name of Father, Walter A. Duncan
9. Father's Occupation, Clerk
10. Father's Birthplace, B. C.

Name of Medical Attendant, or other person who makes this Return, Geo. L. Wilstens

Address, 6 N. Bway

Remarks, 0 0 5 0 0 0 5 8 9 8

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68418

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Tenth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Eleventh September 1895
4. Place of Birth, (Street and Number) 121 W. West St.
5. Full Name of Mother, Katherine Bradley
6. Mother's Maiden Name, " Compras
7. Mother's Birthplace, Baltimore, Md
8. Full Name of Father, Frank Bradley
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, Maggie A. Wilkinson

Address,

Remarks,

8 V 5 0 0 0 5 8 9 9

Wm J C. Dulany Co., City Printers and Stationers.

attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in such manner and within the period above required, and any such person or persons who shall wilfully fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68419

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth.* September 11 th 1895
4. *Place of Birth, (Street and Number)* 1426 W. Chester
5. *Full Name of Mother.* Mary Stein
6. *Mother's Maiden Name,* Mary Stein
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father.* W. Stein
9. *Father's Occupation* paper carrier
10. *Father's Birthplace.* Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks, 8950005900

Wm. J. C. Dulany Co., City Printers and Stationers.

Sec. 8. Without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above stated, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68420

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 gn

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth,* 11 September
4. *Place of Birth, (Street and Number)* 1012 Cath. Ave.
5. *Full Name of Mother,* Marie Schmidt
6. *Mother's Maiden Name,* —
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,*
9. *Father's Occupation,* —
10. *Father's Birthplace,* Balt

Name of Medical Attendant, or other person who makes this Return, Anna Walker

Address, 928 N. Carl St.

Remarks,

1 8 9 5 0 0 0 5 9 0 1

attendance upon the mother immediately thereafter, it shall be one the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 08421

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Second (over)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 11 1895
4. Place of Birth, (Street and Number) 1635 Walsh St
5. Full Name of Mother, Julia Welch
6. Mother's Maiden Name, Julia McIntyre
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Harry J Welch
9. Father's Occupation, Electrician
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Chas B Donnelly

Address, 1635 Walsh St

Remarks, None

Full name of child 5 Louis Harold Welch

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons required and any such person or persons who shall wilfully neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 68422

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 11th Feb 1/95
4. Place of Birth, (Street and Number) 1522 Gay st
5. Full Name of Mother, Annie Kraft
6. Mother's Maiden Name, " " Grail
7. Mother's Birthplace, Germany
8. Full Name of Father, William Kraft
9. Father's Occupation Brewer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Bruns

Address, 1600 N Chester St

Remarks,

87500258 07

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, shall inform the City, of the person or parents of such child, of such birth, in the manner and within the period above required, and shall report the birth to the Commissioner of Health, under penalty of Fifty Dollars, which shall be sued for by any such person or persons who shall neglect or fail to comply with the provisions of this section, or shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68423

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (*state whether 1st, 2d, 3d, &c.*) 1

1. *Sex,* (*state whether male or female*) Male
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* Sept. 11th
4. *Place of Birth.* (*Street and Number*) Bethel Place 1628
5. *Full Name of Mother.* Celia Matzeck
6. *Mother's Maiden Name.* " Trager
7. *Mother's Birthplace.* Poland
8. *Full Name of Father.* John Matzeck
9. *Father's Occupation.* Laborer
10. *Father's Birthplace.* Poland

Name of Medical Attendant, or other person who makes this Return. Mary Hertz M.D.

Address, 602 S. Bond.

Remarks.

0750005904

Shall death without the attendance of a physician or practitioner of midwifery, take place in any child, it shall be the duty of the person or persons who have the care of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practioner of midwifery, or shall be attended by any other person than such attendance upon the mother, immediately thereafter it shall become the duty of the person in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall wilfully fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68424

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 11th, 1910
4. Place of Birth, (Street and Number) Fell Ste. 910
5. Full Name of Mother Lina Ulsheski
6. Mother's Maiden Name, " Sadoska
7. Mother's Birthplace, Poland
8. Full Name of Father Mike Ulsheski
9. Father's Occupation Laborer
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Mary Kuzska

Address, 602 S. Bond St

Remarks,

1 8 9 5 0 0 0 5 9 0 5

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68425

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 11/95
4. Place of Birth, (Street and Number) B. H. Maternité 29 N. Bond
5. Full Name of Mother, Annie Kaufman
6. Mother's Maiden Name, Cohen
7. Mother's Birthplace, Russia
8. Full Name of Father, Morris Kaufman
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return J. C. Ohlendorf M.D.

Address, 918 N. Bond St

Remarks.

8950005906

Wm. J. C. Dulany Co., City Printers and Stationers.

attendance upon the birth of a child, or any person or practitioner of midwifery, or should no other person be in attendance upon the birth of a child, the mother shall be the person to report its birth, and the duty of the person or persons required by law to report the birth of a child to report its birth to the Commissioner of Health, in the manner and within the period above prescribed, shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68426

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* September 11th 1895
4. *Place of Birth, (Street and Number)* No. 26 Lehman St
5. *Full Name of Mother,* Ephrasia Galway
6. *Mother's Maiden Name,* Catherine Watson
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* James Galway
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

3950005907

C. Delany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68427

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, September 12th 1895
4. Place of Birth, (Street and Number) No. 408 Baltimore st Extend
5. Full Name of Mother, Elizabeth Hemming
6. Mother's Maiden Name, Elizabeth Waters
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Hemming
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8 7 5 0 0 0 5 9 0 8

C. Delany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68428

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 12 th of September
4. Place of Birth, (Street and Number) 620 N. Port St
5. Full Name of Mother, Lizzie Biedenbeck
6. Mother's Maiden Name, Lizzie Dresher
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wm. H. Biedenbeck
9. Father's Occupation Potter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. E. Cross M.D.

Address, 1907 E. Monument St

Remarks, 8950005909

shall occur without the attendance of a physician or practioner of midwifery, or shall be attended by any other person, the person or parents of such child, or such other person be in attendance upon the mother, immediately thereafter, shall become liable to a penalty of five dollars, and shall be required, and it shall be the duty of such person, or parents, to report the birth to the Commissioner of Health, in manner and within the period above required, and if shall be proved that such person or parents shall have neglected or failed to comply with the provisions of this section, shall be subject to a penalty of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68429

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 12th 1895
4. Place of Birth, (Street and Number) 528 W. Conway st
5. Full Name of Mother, ~~Kitt~~ Kate Dike
6. Mother's Maiden Name, Carter
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, John J Dike
9. Father's Occupation Printer
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Frank W Turner MD

Address, 322 N Green st

Remarks,

6950005910

Wm. J. C. Dulany Co., City Printers and Stationers.

Every birth and every month to the office of the Commissioner of Health. In case of still-births, it shall be the duty of the attending physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 68430

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) Colored
3. Date of Birth, sept 12th
4. Place of Birth, (Street and Number) Rose st 337
5. Full Name of Mother, Mary A smith
6. Mother's Maiden Name, Mary M Frazier
7. Mother's Birthplace, King Geo county Va
8. Full Name of Father, Stanley smith
9. Father's Occupation, hostler
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Ann F Bias

Address, Biddle st 2D C

Remarks, 8950005911

shall occur without the attendance of a physician or regular midwife, or should no other person be in attendance upon the mother, the midwife or it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

& CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 68431

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Sept. 12, 1895
4. Place of Birth, (Street and Number) Mt. Royal Village
5. Full Name of Mother, Bertha Gephart,
6. Mother's Maiden Name, " Lipp,
7. Mother's Birthplace, Lancaster, Pa.
8. Full Name of Father, Geo E Gephart,
9. Father's Occupation, Factory Hand.
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return. F Edward Janney M.D.

Address, 837 N Eutaw St.

Remarks,

0 9 5 0 0 0 5 9 1 2

condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 68433.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth* Sept 12th 1895
4. *Place of Birth, (Street and Number)* 1380 West North ave
5. *Full Name of Mother* Florence Calvert
6. *Mother's Maiden Name* Florence Crowther
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Robert Calvert
9. *Father's Occupation* Keeper of Dairy Lunch
10. *Father's Birthplace* Calvert Co Md

Name of Medical Attendant, or other Person who makes this Return: Amanda Taylor Norris, M.D.

Address 871 Harlem ave

Remarks

1895 0005913

RETURN OF A BIRTH. 68433

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Feb 12th 1895
4. Place of Birth, (Street and Number) 2114 N. Fayette st.
5. Full Name of Mother, Annie B. Brogman
6. Mother's Maiden Name, Gabrid
7. Mother's Birthplace, Md
8. Full Name of Father, John A. Brogman
9. Father's Occupation Garbage Cart driver
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. Mt Castor M.D.

Address, 1800 N. Bal[illegible]

Remarks,

1895 0005914

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the birth, the mother, or in her absence, the nurse or person in charge of such child, or next in kin, shall immediately thereafter, it shall become the duty of the person above required, and such persons or persons within shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 68434

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (State whether male or female)* Male
2. *Race or color, (if not of the white race)* colored
3. *Date of Birth,* September 12th
4. *Place of Birth, (Street and Number)* Biddle st 556
5. *Full Name of Mother,* George Adams
6. *Mother's Maiden Name,* George Adams
7. *Mother's Birthplace,* hampton va
8. *Full Name of Father,* Charles adams
9. *Father's Occupation,* waiter
10. *Father's Birthplace,* Montgomery Md

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks, 8950005915

shall occur without the intendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A. GO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 68435

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 12th
4. *Place of Birth, (Street and Number)* 1515 Cemitry
5. *Full Name of Mother,* Mary Freter
6. *Mother's Maiden Name,* Mary Miller
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Ernst Freter
9. *Father's Occupation* Tailer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. L. Gross

Address, 1907 E. Monument

Remarks,

8 9 5 0 0 0 5 9 1 6

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, the mother herself shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68436

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 12/95
4. Place of Birth, (Street and Number) 2114 Dalton St
5. Full Name of Mother, Mable Rosenau
6. Mother's Maiden Name, Omahan
7. Mother's Birthplace, Germany
8. Full Name of Father, Rev William Rosenau
9. Father's Occupation Rabi
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Dr A Aronsohn

Address, 1601 Linden Av

Remarks,

895003059 17

Wm. J. C. Dulany Co., City Printers and Stationers.

Any physician or practitioner of midwifery, or should no other person be in attendance upon the mother, the parent or person in charge of the child, shall neglect or refuse to report the birth of such child to the Commissioner of Health, in writing, within the period above required, or shall be guilty of any other violation of this section, or shall fail to comply with the provisions of this section, he shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

68 437

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Sept 13th 1890
4. Place of Birth, (Street and Number) 429 W. Biddle St
5. Full Name of Mother, Maria Brown
6. Mother's Maiden Name, Maria Spriggs
7. Mother's Birthplace, Frederick Maryland
8. Full Name of Father, Alfred Brown
9. Father's Occupation, Coachman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Edward E. Mackenzie

Address. Biddle & Eutaw Place

Remarks, —

8950305918

...., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH

68438

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 13th day of September 1895.
4. Place of Birth, (Street and Number) No. 1725 Frederick Avenue.
5. Full Name of Mother, Rosa Jones
6. Mother's Maiden Name, Dickman
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Joseph Grant Jones
9. Father's Occupation, Plumber and Gas fitter
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Paul W. Gordon

Address, 907 N. Eutaw Street

Remarks,

8950005919

Every birth to be reported every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall be the duty of the person in charge of the attendance upon the mother, or the nurse or midwife, or other person, to make the return required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. A. G. GULANY & CO., CITY PRINTERS AND STATIONERS

Omit

RETURN OF A BIRTH. 68439

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Mildred Celeste Scringer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sep 13 '95
4. *Place of Birth, (Street and Number)* 1803 N. Chester
5. *Full Name of Mother,* Edith Scringer
6. *Mother's Maiden Name,* " Gebhart
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Currie Lee Scringer
9. *Father's Occupation* Driver
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm J. Watson

Address, 1519 N. Broadway - Balto

Remarks,

1895 0 0 5 9 2 0

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person, if any, in charge of such child to report its birth to the Council, in the manner and within the period prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68440

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, ~~3d, &c.~~) 2

1. Sex, (state whether male ~~or female~~) boy
2. Race or Color, (~~if not of the white race~~) Colored
3. Date of Birth, 13 Sept-1895 - at 5 minutes of 6 am
4. Place of Birth, (Street and Number) 823 Mc Donough street
5. Full Name of Mother, Nettie Johnson
6. Mother's Maiden Name, Askins
7. Mother's Birthplace, Balto City Md
8. Full Name of Father, Lum Johnson
9. Father's Occupation, odd Jobs
10. Father's Birthplace, Balto City Md

Name of Medical Attendant, or other person who makes this Return. Josephine Cooper

Address, 521 Shuter street

Remarks, Mother and Child well as according to test

Baltimore Md

GEO. W. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 68441

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 2 September 1894
4. *Place of Birth, (Street and Number)* 246 S. Payson St
5. *Full Name of Mother,* Alice J. ~~Dunkerly~~ Koloff
6. *Mother's Maiden Name,* Alice J. Dunkerly
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Theodore Koloff
9. *Father's Occupation* R.R. Fireman
10. *Father's Birthplace,* New York City

Name of Medical Attendant, or other person who makes this Return, Henry C. Ohle M.D.

Address, 1203 W. Fayette St

Remarks,

8950005922

third day of each and every month to be sent to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68442

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 13 Sept
4. Place of Birth, (Street and Number) 2400 Burke st.
5. Full Name of Mother, Recener Miller
6. Mother's Maiden Name, Recener Burgerd
7. Mother's Birthplace, Germany
8. Full Name of Father, Andrew Miller
9. Father's Occupation Baker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary E. Pertner

Address, 24 N. Chester.

Remarks,

6 9 5 0 0 0 5 9 2 3

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicoer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall thereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68443

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 12, 1895
4. Place of Birth, (Street and Number) 1109 Fort ave
5. Full Name of Mother, Katie Schwirske
6. Mother's Maiden Name, Herotzke
7. Mother's Birthplace, Germany
8. Full Name of Father, Antonia Schwirske
9. Father's Occupation Workman
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Caroline Schwartz

Address, 434 E. Fort ave

Remarks,

8950005924

Any of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon such birth, the person who shall hereafter it shall become the duty of the person or parents of such child to report the same within twelve hours after such birth to the Commissioner of Health, in the manner and within the period above specified and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68444.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5-

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 13 1895
4. *Place of Birth, (Street and Number)* 1319 W Lafayette ave
5. *Full Name of Mother,* Mrs. Lida J. Rigney
6. *Mother's Maiden Name,* " J. Dewley
7. *Mother's Birthplace,* Chicago Ill
8. *Full Name of Father,* Thos. J. Rigney
9. *Father's Occupation* Employed at Balto. Copper Works
10. *Father's Birthplace,* Racine Wisconsin

Name of Medical Attendant, or other person who makes this Return, T C Worthington

Address, 840 W. Fayette St

Remarks, 5th Daughter Consecutively

1895000592 5

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68445

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 13 1895
4. Place of Birth, (Street and Number) 1013 E. Lombard
5. Full Name of Mother, Sarah Herbert
6. Mother's Maiden Name, Sarah Livilofsky
7. Mother's Birthplace, Russia
8. Full Name of Father, Id. Herbert
9. Father's Occupation Drover
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Max Y. Feldman

Address, 1018 E. Lombard St.

Remarks, 6950005926

RETURN OF A BIRTH. 68446

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Tenth.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* September 13, 1895.
4. *Place of Birth, (Street and Number)* No. 916 E. Central ave.
5. *Full Name of Mother,* Alice Cole.
6. *Mother's Maiden Name,* Alice Dodge.
7. *Mother's Birthplace,* Massachusetts
8. *Full Name of Father,* Lewis Cole
9. *Father's Occupation* Police.
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return. A. A. Elwell, M.D.

Address, 1941 Harford ave.

Remarks, 8950005927

Wm. J. C. Dulany Co., City Printers and Stationers.

Sec. 3. Be it further enacted, that in every instance in which a physician or practitioner of midwifery, or should no other person be in attendance, the nurse or other person in attendance upon the mother, or the parent or parents of such child, shall neglect or refuse to make and deliver a certificate of the birth of such child, as required by this section, immediately thereafter it shall become and it shall be the duty of such person or persons, within the period above required, and it shall be the duty of the Commissioner of Health, upon the neglect or refusal of any such person or persons to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68447

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Baltimore [illegible] 1st 13th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Light Brown Skin
3. *Date of Birth,* Bank Friday 13th
4. *Place of Birth, (Street and Number)* West and Gloriet alley 1014
5. *Full Name of Mother,* Melvina E Butler
6. *Mother's Maiden Name,* Melvina E Butler
7. *Mother's Birthplace,* Charles County Md
8. *Full Name of Father,* William Albert Butler
9. *Father's Occupation* Coal Pit
10. *Father's Birthplace,* Charles County Md

Name of Medical Attendant, or other person who makes this Return, Mrs Annie Johnson

Address,

Remarks,

8950005928

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] day of each and every month to the police of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above prescribed, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68448

GIVEN NAME ADDED 8-12-55

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Raymond ~~Frederick~~ Riehl

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth. Oct 14th 1895
4. Place of Birth, (Street and Number) 708 St Peter St
5. Full Name of Mother, Lena Riehl
6. Mother's Maiden Name, Lena Mizp
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Riehl
9. Father's Occupation Boot-Binder
10. Father's Birthplace. Baltimore

Name of Medical Attendant, or other person who makes this Return. Hellyenda Pfifer

Address, 734 St Peter St

Remarks, 895000592 8

Wm. J. C. Dulany Co., City Printers and Stationers.

and day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person above required, and of each person or persons who shall be in attendance upon the mother, or who shall have charge of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68449

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 14 Sept.
4. *Place of Birth, (Street and Number)* 608 Dugham st.
5. *Full Name of Mother,* Mary King
6. *Mother's Maiden Name,* Mary McEner
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Charles King
9. *Father's Occupation* Balt.
10. *Father's Birthplace,* Laborer

Name of Medical Attendant, or other person who makes this Return. Mary S. Pistner

Address, 241 S. Chester St

Remarks,

1 8 9 5 0 0 0 5 9 3 0

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, then it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 1-3-57

RETURN OF A BIRTH. 68450.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) William Paul ~~Brennan~~ Fifth child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, September 14th, 1956
4. Place of Birth, (Street and Number) Baltimore, 554 Robert St.
5. Full Name of Mother, Alice Mary Brennan
6. Mother's Maiden Name, Alice M. Nugent
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, George W. Brennan
9. Father's Occupation Brassfinisher
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Lucian Hunter

Address, 23 E. Pappelton St.

Remarks, 8950003931

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur within the limits of Baltimore City, and no physician or practitioner of medicine or midwifery, or should no other person be in attendance of a physician or practitioner, become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above recited, and children born in a house where no child shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68451

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Two.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, September 14 '95

4. Place of Birth, (Street and Number) 1015 River Side Ave

5. Full Name of Mother, Florence Elizabeth Lambert.

6. Mother's Maiden Name, Florence Elizabeth Cromwell.

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Geo. Thomas Lambert

9. Father's Occupation, Salesman

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mor. P. Lambert

Address, 31 E. Monroe St. Balto. Md.

Remarks, Mother & Baby doing well.

8 9 5 0 0 5 9 3 2

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person of such attendance upon a birth to the Commissioner of Health, in the form prescribed by the Board of Health, within the period required, and child to report to the Commissioner of Health, in the form prescribed by the Board of Health, within the period required, and any such person or persons who shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68452

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Col
3. Date of Birth, Sept 14th 1895
4. Place of Birth, (Street and Number) 129 Winter St
5. Full Name of Mother, Lizzie Smith
6. Mother's Maiden Name, Hall
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Edmund Smith
9. Father's Occupation Laborer
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return. Margreth Grigg

Address, 1127 Rose St Balto Md

Remarks, 6950005933

Every case shall every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should be in other way be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68453

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Sept 7th 1895
4. Place of Birth, (Street and Number) 1542 Bruce Street
5. Full Name of Mother, Mamie C Lilly
6. Mother's Maiden Name, Mamie C Boise
7. Mother's Birthplace, Carlisle Pa
8. Full Name of Father, James Lilly
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Harry Hosey

Address, 1909 London St.

Remarks, 1895000593 4

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] to each and every month to be o[illegible]ce of the Commissioner of Health. In case the birth of any child [illegible] of a physician or [illegible] shall become the duty of the person or parents of such [illegible] of midwifery, or the person or parents of such [illegible] immediately thereafter, it shall become the duty of the person required, and [illegible] Health, in the manner and within the period above prescribed, and [illegible] the provisions of this section, to report the birth of such [illegible] shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68454

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race)
3. Date of Birth, Sept 14 1895.
4. Place of Birth, (Street and Number) 808 Hollins St
5. Full Name of Mother, Sophia A. Merrett
6. Mother's Maiden Name, Heyer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Aloizia J Merrett
9. Father's Occupation, Commission Merchant
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Geo R. Turner M.D.

Address, 10 E. Preston St

Remarks,

8 9 5 0 0 9 5 9 3 5

Will receive without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68455

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 14 1855
4. Place of Birth, (Street and Number) 272 Harford Road
5. Full Name of Mother, Mamie M. Lignan
6. Mother's Maiden Name. Mamie M. Yatel
7. Mother's Birthplace, Md
8. Full Name of Father, James J. Lignan
9. Father's Occupation Cooper
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return Geo. W. Welbrook M.D.

Address, 237 Cornelia Ave

Remarks,

0995000593 8

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, shall be duly sworn to the truth of the facts herein set forth, and shall make and deliver to the Registrar of Vital Statistics, Board of Health, Baltimore City, a certificate of the birth of any child born within the city, and within the period above required, and shall forthwith make and deliver a certificate of the birth to the Commissioner of Health, in the manner and within the period required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be and shall be subjected to the fine of ten (10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68456

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth. September 14, 1895
4. Place of Birth, (Street and Number) 94 E Gilmore ave
5. Full Name of Mother, Mamie Eck.
6. Mother's Maiden Name, Mamie Belt.
7. Mother's Birthplace, Maryland.
8. Full Name of Father, Oscar Eck.
9. Father's Occupation Conductor
10. Father's Birthplace, Maryland.

Name of Medical Attendant, or other person who makes this Return. R. C. Elsewell, M.D.

Address. 1741 Harford ave.

Remarks, 8950005937

Wm. J. C. Dulany Co., City Printers and Stationers.

Every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the presence of a physician or practitioner of midwifery, or should no other person of such attendance upon the mother, immediately thereafter, become the duty of the person or persons required, and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68457

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Sunday September 14th 95
4. *Place of Birth, (Street and Number)* 808 Eutaw Street in the rear
5. *Full Name of Mother,* Jane Stansbury
6. *Mother's Maiden Name,* Jane Smith
7. *Mother's Birthplace,* Washington D. C.
8. *Full Name of Father,* Charles Williams
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* San Francisco

Name of Medical Attendant, or other person who makes this Return, Jane West

Address, 804 Stirling Street

Remarks,

5950005938

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur within the interval between the first and third days of each month, the attendant or practitioner, or should no other person be in attendance upon the mother, then the person who shall be the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above stated, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68458

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept. 14th 1895
4. *Place of Birth, (Street and Number)* 263 Rogers Ave.
5. *Full Name of Mother,* Dora Edelman
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Herman Edelman
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return, Jno. C. Bernstein

Address, 1228 S. Exeter st.

Remarks,

6950005939

third day of each and every month to be office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the person or persons in the house where such child is born, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68459

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, September 14th 1895
4. Place of Birth, (Street and Number) Wheeler and Carroll Sts annex
5. Full Name of Mother, Mary Bachman
6. Mother's Maiden Name, Mary Koch
7. Mother's Birthplace, Germany
8. Full Name of Father, Christoph Bachman
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8950005940

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, the father or other person in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68460

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 14 Sept.
4. *Place of Birth, (Street and Number)* 2216 Portugal Court
5. *Full Name of Mother,* Mary Mengler
6. *Mother's Maiden Name,* Mary Miller
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* George Mengler
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary A. Perlmer

Address, 241 S. Chester St

Remarks,

1895 0003941

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall be the duty of the person or persons so attending upon such mother or child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68461

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd & 4th (Twins)

1. *Sex, (state whether male or female)* Male & Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* JAN 14th, 1895
4. *Place of Birth, (Street and Number)* 323 S. Stricker St.
5. *Full Name of Mother,* Lida Bamber
6. *Mother's Maiden Name,* Jones
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* James Bamber
9. *Father's Occupation* Grinman
10. *Father's Birthplace,* Miss.

Name of Medical Attendant, or other person who makes this Return, W. H. Cairns M.D.

Address, 1800 N. Balto. St.

Remarks,

8 7 5 0 0 0 5 9 4 2

Wm. J. C. Dulany Co., City Printers and Stationers

said schedule shall be delivered, duly signed by the physician or midwife, to the Commissioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the birth, the mother immediately thereafter, it shall become the duty of the person or persons in charge of such child, which person or persons who shall be called upon to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Orr

RETURN OF A BIRTH. 68462

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 14. 1895
4. Place of Birth, (Street and Number) 1602. Patapsco. St
5. Full Name of Mother, Laura (Stoarns) Stoarns
6. Mother's Maiden Name, Laura Stuley
7. Mother's Birthplace, uniontown md
8. Full Name of Father, John H. (Stoarns) Stoarns
9. Father's Occupation, Brakeman
10. Father's Birthplace, uniontown md

Name of Medical Attendant, or other person who makes this Return, Ellenora. A. anderson

Address, 1434. Patapsco. St

Remarks, Full name of child - Raymond Calvin Stoarns

8250083943

Wm. J. C. Dulany Co., City Printers and Stationers.

Sec. 3. Be it further enacted, that every permit to the office of the Commissioner of Health. In case the birth of any child shall occur without the presence of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter, in the manner and within the period required, and shall report its birth to the Commissioner of Health, in the manner and within the period required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Over

RETURN OF A BIRTH. 68463

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, (15th) September-14-1895
4. Place of Birth, (Street and Number) No 1573 Ridgely Ste
5. Full Name of Mother, K. Dorothea (M. Dora Rieß) Riess
6. Mother's Maiden Name, K. Dorothea Wittman
7. Mother's Birthplace, Germany
8. Full Name of Father, John (Rieß) Riess
9. Father's Occupation, Brewer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs A M Bischoff

Address, No 829 Columbia Ave

Remarks, Full name of child - Charles John Riess

1895 0005944

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68464

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child Marie L. Schlesinger

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 15th 1895.
4. Place of Birth, (Street and Number) 1315 Hillman st.
5. Full Name of Mother, Minnie Schlesinger
6. Mother's Maiden Name, " Bach
7. Mother's Birthplace, Germany
8. Full Name of Father, Geo. Schlesinger
9. Father's Occupation, Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, E. B. Fenby, M.D.

Address, 1219 N. Carolina st

Remarks,

18950005945

SEE BOOK
PAGE
DATE

Wm J C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no one person be in attendance at the birth, then the parents of such child shall become the attendant. Immediately thereafter it shall become the duty of the person or parents of such child or children to make a true and correct return within the period above required, and shall forward its birth to the Commissioner of Health, in the manner required by law. Any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68465

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 15 Sept 1895
4. *Place of Birth, (Street and Number)* 140 Raford Ave
5. *Full Name of Mother,* Mrs Mary Ann Kelley
6. *Mother's Maiden Name,* " " McMann
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* John Kelley
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Miriam O'Connor

Address, 1112 Hanover St

Remarks,

8 7 5 0 0 0 5 9 4 6

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and tenth day of each and every month, in the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner or midwife, or should no other person be in attendance upon the mother, the person who shall become the duty of the person or parents of such child to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of Ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68466

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one child

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* [illegible]
4. *Place of Birth, (Street and Number)* [illegible]
5. *Full Name of Mother,* Mrs. [illegible] ~~[illegible]~~ Davis
6. *Mother's Maiden Name,* [illegible]
7. *Mother's Birthplace,* [illegible] Co. Va.
8. *Full Name of Father,* William Henry Davis
9. *Father's Occupation* [illegible] Co. Va.
10. *Father's Birthplace,* farmer

Name of Medical Attendant, or other person who makes this Return, Annie M. Davis

Address, 411 West Lombard

Remarks.

RETURN OF A BIRTH. 68467

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 15th of September
4. *Place of Birth, (Street and Number)* 1116 Rowen St Md.
5. *Full Name of Mother,* Amanda E. Burger
6. *Mother's Maiden Name,* Amanda E. Mixter
7. *Mother's Birthplace,* Rockland Md.
8. *Full Name of Father,* Joseph G. Burger
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* York Pennsylvania

Name of Medical Attendant, or other person who makes this Return, Mrs A M. Bischoff

Address, at No 829 Columbia Ave.

Remarks,

B 9 5 0 0 0 5 9 4 3

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall become the duty of the person or parents of such child or children to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be adjudged guilty of a misdemeanor, and shall be fined not less than five (5) dollars nor more than ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68468

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ninth.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, 15 Sept.
4. Place of Birth, (Street and Number) 226 Clinton
5. Full Name of Mother, Lizzie Malaney
6. Mother's Maiden Name, Lizzie Weskey
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James Malaney
9. Father's Occupation Horseler.
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. 2418 Chester.

Address, Mary A. Pertner

Remarks,

8 9 5 0 0 0 5 9 4 9

Wm. J. C. Dulany Co., City Printers and Stationers.

Every birth must be reported within three days after birth, by a physician or practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in case the birth of any child shall occur within the said period of time, and in case of the birth of any child to be in attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68469

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Sept. 15th 1895.
4. Place of Birth, (Street and Number) No. 509. Eden St.
5. Full Name of Mother, Fannie Anthony
6. Mother's Maiden Name, Cunningham
7. Mother's Birthplace, Franklin Va
8. Full Name of Father, John Anthony
9. Father's Occupation, Coachman
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return. Mrs. F. Myers.

Address, No. 722. Bradley St

Remarks,

1 8 9 5 0 0 0 5 9 5 0

shall schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and the first day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or parents who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

GEO. A. C. GULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 68470

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 15th 1895
4. *Place of Birth, (Street and Number)* Baltimore City
5. *Full Name of Mother,* Louisa Fourth
6. *Mother's Maiden Name,* Beale
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Charles H.
9. *Father's Occupation* Baker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Mary

Address, 444 Stockton St Baltimore

Remarks, Mother and Child are well

8950005951

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, it shall become the duty of the person in attendance upon the mother, immediately to report the birth, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68471

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) F

2. Race or Color, (if not of the white race) B

3. Date of Birth, Oct. 15th '95

4. Place of Birth, (Street and Number) 939 Monument St., E.

5. Full Name of Mother, Susie Estelle Jones Reed

6. Mother's Maiden Name, Susie Estelle Jones

7. Mother's Birthplace, Md

8. Full Name of Father, Richard Reed

9. Father's Occupation Waiter

10. Father's Birthplace, Md

Name of Medical Attendant or other person who makes this Return, Geo. W. Copidy

Address, 102 Permanente Ave.

Remarks, 1895000595 2

Said schedule shall be delivered, duly signed, to the Office of the Commissioner of Health, at Baltimore City Hall, within the first thirty days of each and every month, by the person or persons in charge of such office, or other person in the attendance upon the birth to the Commissioner of Health, in the manner and within the period above prescribed, shall occur without the attendance of a physician or practitioner of medicine, in which instance the duty of the person or parents of such child or children shall be immediately after such birth, to give information of the birth to the Commissioner of Health, in the manner and within the period above prescribed, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68752

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13th Child

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Sept 15th 1895
4. Place of Birth, (Street and Number) 713 Josephine Court
5. Full Name of Mother, Katie Smith
6. Mother's Maiden Name, Katie Johnson
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, George Johnson
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Lizzie Harry

Address, 1809 London St

Remarks,

'8950005953

Wm. J. C. Dulany Co., City Printers and Stationers.

Sec. 1. Be it enacted by the General Assembly of Maryland, that the physician or the person who shall be in attendance upon the mother, immediately hereafter, shall become the duty of the person or parents of such child to cause to be made a return of the birth of such child, in the manner and with the forms required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be and is hereby subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Sec. 2. Be it further enacted, that the physician or the person who shall be in attendance upon the mother, immediately hereafter, shall be required to make a return of the birth of any child, within twenty-four hours after the birth of such child, and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately hereafter, it shall become the duty of the person or parents of such child to cause to be made a return of the birth of such child, in the manner and with the forms required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be and is hereby subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68473

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. *Sex, (state whether male or female),* Female

2. *Race or Color, (if not of the white race)* White.

3. *Date of Birth,* Sept. 1st. 1895

4. *Place of Birth, (Street and Number)* 1821/18 Greenmount Ave

5. *Full Name of Mother,* Mary Dick Dans.

6. *Mother's Maiden Name,* Mary Dick.

7. *Mother's Birthplace,* Ireland.

8. *Full Name of Father,* Patrick Dans.

9. *Father's Occupation* Salon Keeper.

10. *Father's Birthplace,* Balto Co. Md.

Name of Medical Attendant, or other person who makes this Return. Wilmer Brinton M.D.

Address, S.W. cor. Calvert & Preston sts.

Remarks,

1 8 9 5 0 0 0 5 9 5 4

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person, at such attendance upon the mother, make the return, it shall become the duty of the person or persons in charge of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68474

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 15/95
4. Place of Birth, (Street and Number) 2068. Eastern ave
5. Full Name of Mother, Maggie Belzner
6. Mother's Maiden Name, Maggie Dunning
7. Mother's Birthplace, Balt. Md.
8. Full Name of Father, George B. Belzner
9. Father's Occupation Fireman
10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other person who makes this Return. A. Bachiell M.D.

Address. 204 N. Broadway

Remarks, Born 7.35 P.M.

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be given by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. Upon the birth of any child shall occur within the mother, immediately thereafter, in the manner and within the period above specified, and shall be given by the attendant upon the mother, or if there be no such attendant, then the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above specified, any such person or persons who shall wilfully or negligently fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 4-8-56

68475

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

LeRoy Harrison ~~Wilson~~, Jr.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 15 1895
4. Place of Birth, (Street and Number) 1419 N. Fulton Av.
5. Full Name of Mother, Emma Wilson
6. Mother's Maiden Name, Emma Florence
7. Mother's Birthplace, New York
8. Full Name of Father, Jas H Wilson
9. Father's Occupation, Carpenter
10. Father's Birthplace, Carroll Co.

Name of Medical Attendant, or other person who makes this Return, C. E. Stupp. M.D.

Address,

Remarks,

8 9 5 0 0 0 5 9 5 6

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68476

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10" child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Sept. 16 1895
4. Place of Birth, (Street and Number) 140 N. Collington ave.
5. Full Name of Mother, Kate Smith
6. Mother's Maiden Name, Kate Tracy
7. Mother's Birthplace, Balto.
8. Full Name of Father, Geo. Smith
9. Father's Occupation Ship Joiner
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Rud Mansfield M.D.

Address, 129 S Broadway

Remarks, 8950005957

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68472

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 16th 1895
4. Place of Birth, (Street and Number) 1221 N. Eden st.
5. Full Name of Mother, Lizzie C. Boone
6. Mother's Maiden Name, " " Smiley
7. Mother's Birthplace, Balto. City
8. Full Name of Father, John H. Boone
9. Father's Occupation, Clerk
10. Father's Birthplace, Balto. City

Name of Medical Attendant, or other person who makes this Return. E. B. Fenby, M.D.

Address, 1219 N. Caroline st.

Remarks,

'8950005958

Wm J C. Dulany Co., City Printers and Stationers.

[illegible] shall be delivered, within [illegible] days, to the physician or other person in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall be the duty of the person or persons so in attendance, within twenty-four hours after the birth, to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68478

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 16 1895
4. *Place of Birth, (Street and Number)* 1824 N Chester st
5. *Full Name of Mother,* Maggie Virginia Fielton
6. *Mother's Maiden Name,* Maggie V. Brown
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Alfred H. Fielton
9. *Father's Occupation* Printer
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return. Jos. D. Fox

Address, 134 S N Bay st.

Remarks,

1 6 9 5 0 0 0 5 9 5 9

RETURN OF A BIRTH. 68479

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept. 16. 1895

4. Place of Birth, (Street and Number) 1043. Hopkins Ave

5. Full Name of Mother, Amanda Bloom

6. Mother's Maiden Name, Sconemann

7. Mother's Birthplace, Balto Md.

8. Full Name of Father, Robt. Bloom

9. Father's Occupation,

10. Father's Birthplace, Balto Md.

Name of Medical Attendant, or other person who makes this Return, E. C. Peterson M.D.

Address, 1063 E. Broadway

Remarks,

8950005960

Wm J. C. Dulany Co., City Printers and Stationers.

Third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person of such attendance within the time prescribed, shall become the duty of the person or persons in attendance upon the mother, immediately, to report, in the manner and with the particulars required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence; to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68480

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) Colord.
3. Date of Birth, September 16th
4. Place of Birth, (Street and Number) 522 Fairmount Av.
5. Full Name of Mother, Maria Brown.
6. Mother's Maiden Name, Maiden name Maria davis
7. Mother's Birthplace, Birth place Baltimore.
8. Full Name of Father, William Edward Brown.
9. Father's Occupation, Father's occupation laber
10. Father's Birthplace, Father's birth place Pa. Pa.

Name of Medical Attendant, or other person who makes this Return. Susan Cooper.

Address, 123 Durham Street.

Remarks, No remarks.

8950005961

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above stated; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 6-20-58

RETURN OF A BIRTH 68481

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) James Ernest Grant 3d

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) W.
3. Date of Birth, 16 Sep. 1895
4. Place of Birth, (Street and Number) 1205 Cleveland St.
5. Full Name of Mother, Wilhelmina E. A. Grant,
6. Mother's Maiden Name, Singer,
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Ernest Grant,
9. Father's Occupation, Lawyer,
10. Father's Birthplace, Alexandria, Va.

Name of Medical Attendant, or other person who makes this Return. J. L. Engle M.D.

Address, 1007 W. Lanvale

Remarks,

8950005962

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the 1st and 5th days of each and every month to the office of the Commissioner of Health. Any physician or other person who shall deliver any child without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately after it will become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above recited, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 68482

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Date September 16/25
4. Place of Birth, (Street and Number) E. Lombard St. Balto.
5. Full Name of Mother, Fannie Himmelfarb
6. Mother's Maiden Name, Russia
7. Mother's Birthplace, Julius Himmelfarb
8. Full Name of Father, Hadder
9. Father's Occupation, Ludzig
10. Father's Birthplace, Mrs. Leon Bailey

Name of Medical Attendant, or other person who makes this Return, Dr. E. Mark Polak Balto

Address,

Remarks.

B9500005963

Third day of each and every month to the Registrar of Vital Statistics, Board of Health, Baltimore City, in the form of a certificate between the first and third day of each and every month to the Registrar of Vital Statistics, Board of Health, Baltimore City, in the form of a certificate between the first and shall occur without the attendance of a physician or practicner of midwifery, or the person or parents of such child to report the birth to the Commissioner of Health, who shall become and within the period above required, and upon such report the Commissioner of Health shall issue a certificate of such birth, which certificate shall be prima facie evidence of the same. Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68483

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Date September 16/95
4. Place of Birth, (Street and Number) 112 S. Hill St. Baltimore Md.
5. Full Name of Mother, Rieka Levin
6. Mother's Maiden Name, Rieka Rinerassa
7. Mother's Birthplace, Russia
8. Full Name of Father, Ellie Levin
9. Father's Occupation Furniture Maker
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Dr. D. Lessa Barber

Address, 416 E. York Street Balto

Remarks.

1 6 9 5 0 0 0 5 9 6 4

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68484

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11 th.

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 16. 1898
4. Place of Birth, (Street and Number) 1217 Patapsco st.
5. Full Name of Mother, Magie Finch
6. Mother's Maiden Name, Eppelto
7. Mother's Birthplace, Germany
8. Full Name of Father, George Finch
9. Father's Occupation Workmann
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Carolina Schwadt

Address, 434 E. Fort Ave

Remarks,

8 9 5 0 0 0 5 9 6 5

said schedule shall be delivered, duly signed by the practitioner to the form of a certificate between the first and day of each and every month to the office of the Commissioner of Health. If any such child shall occur without the attendance of a physician or practitioner, it shall become the duty of the person or parents of such attendance upon the mother, immediately after the birth, in the manner and within the period above required, and child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68485

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Sept 16th 1895
4. Place of Birth, (Street and Number) 1838 Druid Hill Ave
5. Full Name of Mother, Lizzie Collington
6. Mother's Maiden Name, Lizzie Coulbourne
7. Mother's Birthplace, Queen Anne Co.
8. Full Name of Father, Charles Collington
9. Father's Occupation Laborer
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Mary Dorsey

Address, 1809 Lemmon St.

Remarks,

1 8 9 5 0 0 0 5 9 6 6

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health, or should no other person of such attendance within the prescribed time, or shall neglect or refuse to comply with the rules and regulations of this section shall be subject to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68486

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 17th
4. Place of Birth, (Street and Number) 1157 Hanlicke st
5. Full Name of Mother, Caroline Schwemmer
6. Mother's Maiden Name, Caroline Maenner
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, John Schwemmer
9. Father's Occupation Tin & Sheet iron Worker
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return, Mrs A. M. Bischof

Address, 1 E 829 Columbia Ave

Remarks,

1 8 9 5 0 0 0 5 9 6 7

third day of each and every month to the Registrar or the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and with the required blanks and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68487

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 17 September 1895
4. *Place of Birth, (Street and Number)* 862 St. Viola St.
5. *Full Name of Mother,* Sophia L. Bean
6. *Mother's Maiden Name,* Sophia L. Schrader
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Robert L. Bean
9. *Father's Occupation* Painter
10. *Father's Birthplace,* St. Mary's Co. Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. Calla Cross

Address, 409 S. Appleton St.

Remarks,

1895000596 8

Note.—Every birth, sex, color, full name and occupation of the parents, the date and place of birth, and the number of the child of the mother, shall be recorded in a book to be kept for the purpose, and a duplicate of said schedule shall be delivered, duly signed by the practitioner in the form of a certificate to be furnished by the Board, on the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance who shall be qualified to make the return, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 58488

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 st.

1. *Sex, (state whether male or female)* Girl

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Sept. 17. 1895

4. *Place of Birth, (Street and Number)* 1217 Durst Al.

5. *Full Name of Mother,* Katie Prill

6. *Mother's Maiden Name,* Mattas

7. *Mother's Birthplace,* Balto.

8. *Full Name of Father,* Martin Prill

9. *Father's Occupation* Workmann

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Carolina Schwartz

Address, 434 E. Fort ave

Remarks,

8950005969

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68489

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 28th Child

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Sept. 17th 1895
4. *Place of Birth, (Street and Number)* 612 Druid Hill Ave.
5. *Full Name of Mother,* Annie Smith
6. *Mother's Maiden Name,* Annie Lewis
7. *Mother's Birthplace,* Colbert Co.
8. *Full Name of Father,* William Smith
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Frederick Co. Md.

Name of Medical Attendant, or other person who makes this Return. Mary Dorsey

Address, 1809 Lanvale St.

Remarks,

1895 00 05970

Wm. J. C. Dulany Co., City Printers and Stationers.

register of such birth, and shall enter the same on blank schedules, to be furnished by the Board of Health. The schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth so far as the same can be ascertained the full name of each child, (if any have been conferred) its sex, color, the full name and occupation of its father and mother, the place of birth, and the said schedule shall be delivered, duly signed, at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person attending such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CHILD NAME ADDED 7-2-55

68490

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Earl Frederick Schlissler

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 17 1895
4. Place of Birth, (Street and Number) 222 Gorsuch Avenue
5. Full Name of Mother, Irene Schlissler
6. Mother's Maiden Name, Coulter
7. Mother's Birthplace, Md
8. Full Name of Father, Fred Schlissler
9. Father's Occupation Butcher
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return H. Young Westbrook Md

Address. 237 Gorsuch Ave

Remarks.

T 6950005971

Sec. 9. Births shall be reported daily signed by the practitioner in the form of a certificate between the first and the third day of each month to the office of the Commissioner of Health, or other person who may be in attendance at the birth, in the manner and within the period above required, and every month thereafter, in the manner and within the period above required, and shall occur within the mother, immediately after the birth, it shall become the duty of the person in attendance upon the mother, immediately after the birth, to comply with the provisions of this section, shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68491

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 17 September 1895
4. Place of Birth, (Street and Number) 902 Hillman St
5. Full Name of Mother, Henrietta Williams
6. Mother's Maiden Name, Henrietta Johns
7. Mother's Birthplace, Eaton Md
8. Full Name of Father, Rufus H Williams
9. Father's Occupation Labor
10. Father's Birthplace, Not known Saint Mary County va

Name of Medical Attendant, or other person who makes this Return, Mrs Callie Pattison

Address, 419 Lewis St Md

Remarks, Lovings Well as can be Expected

8950005972

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68492

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* W. White
3. *Date of Birth,* September 17, 1895
4. *Place of Birth, (Street and Number)* 1006 E Lombard St.
5. *Full Name of Mother,* Lizzie Saldsberg
6. *Mother's Maiden Name,* Lizzie Stoller
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Jacob Saldsberg
9. *Father's Occupation* Begler
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Mrs G. Feldman

Address, 1013 E. Lombard St.

Remarks, 5 8 9 5 0 0 0 5 9 7 3

Sor Eyes

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the person or persons in the house where such birth occurs, or the father or mother of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68493

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 17th Sept.
4. *Place of Birth, (Street and Number)* 1907 Sherwood Place
5. *Full Name of Mother,* Mrs Annie Dreier
6. *Mother's Maiden Name,* Annie Lynch
7. *Mother's Birthplace,* Prince George's County, Md.
8. *Full Name of Father,* ~~Emilil~~ Emil Dreier.
9. *Father's Occupation* Bar Tender.
10. *Father's Birthplace,* Switzerland.

Name of Medical Attendant, or other person who makes this Return, L. C. S. Foster M. D.

Address, 1235 E. North ave Baltimore Md.

Remarks,

'8950005974

Wm. J. C. Dulany Co., City Printers and Stationers.

Sec. 1. It shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother (lunatic, idiot, or insane) within the period above recited, and shall become the duty of the person or parents of such child to report its birth, who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68494

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) —1—

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Sept. 18 - 1895
4. *Place of Birth, (Street and Number)* 2105 E. Lombard st
5. *Full Name of Mother,* Teresa Woelfl
6. *Mother's Maiden Name,* Teresa Rauin
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Jno. E. Woelfl
9. *Father's Occupation* Furniture dealer
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return, P. G. Dausch

Address, 1731 E. Baltimore st

Remarks,

6950005975

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner, it shall be the duty of the person acting as nurse or attendant upon the mother, or in the absence of such person, the mother of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 68495

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female,
2. Race or Color, (if not of the white race) W.
3. Date of Birth, 18 Sep. 1895
4. Place of Birth, (Street and Number) 601. 10th Walbrook Ave
5. Full Name of Mother, Anna Montgomery Sleinluff
6. Mother's Maiden Name, Dohle,
7. Mother's Birthplace, Missouri,
8. Full Name of Father, Horace Sleinluff,
9. Father's Occupation, Wholesale Boots & Shoes,
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return. J. J. Engle M.D.

Address, 1007 W. Lanvale

Remarks,

8950005976

been conferred on its sex, color, the full name and occupation of its parents, the date and place of birth, and the name and residence of the person who delivered, duly signed by the practitioner in the form of a certificate, be sent by first and said school of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, the parent or other person who shall become the duty of the person or parents, and child to report to the Commissioner of Health, in the manner and within the time prescribed, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 68496

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 18 - 95
4. *Place of Birth, (Street and Number)* Andre St. 1324
5. *Full Name of Mother,* Sarah Moran
6. *Mother's Maiden Name,* Mc Pherson
7. *Mother's Birthplace,* Brooklin - Md
8. *Full Name of Father.* Tim Moran
9. *Father's Occupation* Work B. O
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Johanna Jonske

Address, Garrett Ave 1309

Remarks.

1 8 9 5 0 0 0 5 9 7 7

Said Schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month after the Commencement of this Act, to the Registrar of Births of the City, and shall be in lieu of and without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall have failed to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68497

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* September 18th 95
4. *Place of Birth, (Street and Number)* Short alley No 1215
5. *Full Name of Mother,* Eliza Cottman
6. *Mother's Maiden Name,* Eliza Chew
7. *Mother's Birthplace,* West River Maryland
8. *Full Name of Father,* Henry Clay Cottman
9. *Father's Occupation,* Coachman
10. *Father's Birthplace,* Charles County Maryland

Name of Medical Attendant, or other person who makes this Return, Dr William Harris

Address, 1214 Jefferson st Mary E Stuart 1132 Eleington st

Remarks, all Satisfaction

8950005978

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said actuaries shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the presence of any physician or midwife, it shall be the duty of the person in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 68498

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

(Twins) Eleventh Labor

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12 Child

1. Sex, (state whether male or female) One Male one Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 18 1855
4. Place of Birth, (Street and Number) 11 Madison St Homestead Annex
5. Full Name of Mother, Margret Scholmer
6. Mother's Maiden Name, Scott
7. Mother's Birthplace, Scotland
8. Full Name of Father, Alexander Scholmer
9. Father's Occupation Stone Cutter
10. Father's Birthplace, Scotland

Name of Medical Attendant, or other person who makes this Return, H Gerry Westbrook M.D.

Address, 237 Eastern Avenue

Remarks,

18 50005979

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate hereinafter prescribed, to the Registrar of Vital Statistics within the third day of each and every month, or to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above specified, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68499

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 18, 1895
4. *Place of Birth, (Street and Number)* 33 E. Front St
5. *Full Name of Mother,* Lizzie Beta Dambrozky
6. *Mother's Maiden Name,* Lizzie Beta
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* No husband
9. *Father's Occupation*
10. *Father's Birthplace.*

Name of Medical Attendant, or other person who makes this Return, Mrs. Y. Fillerman

Address, 1013 E. Fairmount St

Remarks, 8950005980

[illegible] color, the full name and occupation of its parents, the date and place of birth; and this said schedule shall be delivered, duly signed by the practitioner, to the person in charge of the child, the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of a child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in charge, such schedule must be delivered, by the person who shall have so attended, or by the parents of such child to report its birth, to the Commissioner of Health, in the manner and within the period prescribed; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68500

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

68500

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Female

1. *Sex, (state whether male or female)* Colored
2. *Race or Color. (if not of the white race)* Sept 19, 1895
3. *Date of Birth,* 1711 Lock St
4. *Place of Birth, (Street and Number)* Lewis Ida
5. *Full Name of Mother,* Bess
6. *Mother's Maiden Name,* Bell
7. *Mother's Birthplace,* Lewis Ida
8. *Full Name of Father,* Clarence
9. *Father's Occupation* Baltimore
10. *Father's Birthplace,* Washington

Name of Medical Attendant, or other person who makes this Return. Dr Bonney

Address, 1 Bonney St

Remarks,

1 8 9 5 0 0 0 5 9 8 1

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or if the person or parents of such child fail to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereby fail to comply with the provisions of this section shall be, upon Jectiel to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68501

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Her 6th Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored race
3. Date of Birth, Born Sept. 19th 1895
4. Place of Birth, (Street and Number) 416 Register St. Baltimore Md.
5. Full Name of Mother, Lucie Carrol
6. Mother's Maiden Name, Lucie Sadden
7. Mother's Birthplace, Fredick Berg Va.
8. Full Name of Father, Katlie Carrol
9. Father's Occupation Laborer
10. Father's Birthplace, W est Rive

Name of Medical Attendant, or other person who makes this Return, Georganna Brooks

Address, 1751 E. Mullikin St.

Remarks, No remarks

8 9 5 0 0 0 5 9 8 2

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in the manner and within the period above required, and shall receive therefor a certificate of such delivery, or shall cause to be delivered, duly signed by such person or persons who shall hereafter fail to comply with any provision of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68502

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Male
2. *Race or Color. (if not of the white race)*
3. *Date of Birth,* 1st Sept 1895
4. *Place of Birth, (Street and Number)* 301 E Fort Ave
5. *Full Name of Mother,* Myrtle Lovitz
6. *Mother's Maiden Name.* Fracker
7. *Mother's Birthplace.* Baltimore
8. *Full Name of Father,* Harry Lovitz
9. *Father's Occupation* Tobacconist
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Elizabeth Jewell

Address, 436 E Fort Ave

Remarks,

[illegible] occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8950005983

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68503

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Sept. 1 1895
4. *Place of Birth, (Street and Number)* 120 S. Amo St.
5. *Full Name of Mother,* Rosa C. Snitter
6. *Mother's Maiden Name,* " " Meyers
7. *Mother's Birthplace,* Bald.
8. *Full Name of Father,* Jno. Snitter
9. *Father's Occupation* Carrier of papers
10. *Father's Birthplace,* Balt.

Name of Medical Attendant, or other person who makes this Return. R. W. Mansfield M.D.

Address, 129 S Broadway

Remarks, 8950005984

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth and the name of the attending physician or midwife, and a certificate between the first and third day of each and every month, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person required to report its birth in the Commissioner of Health, in manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68504

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* September First
4. *Place of Birth, (Street and Number)* Mary C. Fluess.
5. *Full Name of Mother,* 2114 E. Monument.
6. *Mother's Maiden Name,* Seybert
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Lambert H. Fluess
9. *Father's Occupation* Barber.
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary E. Caldwell

Address, 1438 N. Bond St.

Remarks,

8950005985

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance, or be unable or unwilling to give the required certificate, the parents or parent of such child shall report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68805

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth,* Sept 1. 1895
4. *Place of Birth. (Street and Number)* 2832 Elliott
5. *Full Name of Mother,* Mary Kahler
6. *Mother's Maiden Name,* Mary Scheffelen
7. *Mother's Birthplace,* Balto. Md
8. *Full Name of Father,* William Kahler
9. *Father's Occupation.* Electrician
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Anna I Kucach

Address, 2838 Elliott Milwaukee

Remarks,

8 9 5 0 0 0 5 9 8 6

Wm J C. Dulany Co., City Printers and Stationers.

[illegible] shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the Commissioner of Health. In case the birth of any child shall occur upon the mother, immediately thereafter it shall become the duty of the person required, in any such case, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68506

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Sept 1895
4. Place of Birth, (Street and Number) No. 136 Frederick St
5. Full Name of Mother, Margrett A. Wright
6. Mother's Maiden Name, Belgine
7. Mother's Birthplace, Balto Md.
8. Full Name of Father, Calvin Wright
9. Father's Occupation. Stewart
10. Father's Birthplace, Va.

Name of Medical Attendant, or other person who makes the return. Alice F. Myers

Address, No. 722 Bradley St.

Remarks,

1895 0005937

month, and shall set forth as at the same time a sufficient description of the child, and the date and place of birth, and the sex, color, the full name and occupation of its parents, the date and place of their marriage, and the place of residence of the parents; the form of a certificate for every such birth, and the form of a certificate for the birth of any child born in a house, shall be delivered, with a suitable envelope addressed to the office of the commissioner of health, to the person or parent of such child, or to the person who may be in charge of the house in which such birth shall occur, or to the mother, immediately after the birth, in the presence of a witness, and the said form of each and every certificate of birth, when properly filled, shall be returned by the said person or parent, and within the period above required, and attendance upon the birth to the Commissioner of Health, in the manner with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Child born in a house, no person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. O. OULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 68507

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 1st 1895
4. *Place of Birth, (Street and Number)* 839 Woodwood St
5. *Full Name of Mother,* Launa Ashley
6. *Mother's Maiden Name,* Pugh
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Elias F. Ashley
9. *Father's Occupation* Machinist
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, Ebelsaree M.D.

Address, 830 Columbia ave.

Remarks.

said schedule shall be delivered, duly signed by the attendant, in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons with whom such child is lodged, or of the mother herself, if able, to report the birth to the Commissioner of Health, in the manner and within the period above prescribed, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

6 Y 5 U 0 0 5 9 8 8

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68508

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* September 1
4. *Place of Birth, (Street and Number)* 348 Cedar ave.
5. *Full Name of Mother,* Mary Elizabeth Calligan.
6. *Mother's Maiden Name,* Abbott.
7. *Mother's Birthplace,* Va.
8. *Full Name of Father,* George Calligan.
9. *Father's Occupation* Moulder
10. *Father's Birthplace,* Va.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks,

8950005989

Wm. J. C. Dulany Co., City Printers and Stationers.

Monthly, as soon as the birth shall be known, the attendant or person in charge of the parent, is required to report to the Registrar of Vital Statistics, the date and place of birth and the sex, color, the full names and occupation of the parents, the date of marriage, and the number of children, if any, to whom the mother has been confined, if it be her second or subsequent confinement, and if it be her first, the date of her marriage, and the number of children, if any, to whom she has been confined, and the number of children, if any, to whom she has been confined, duly signed by the attendant, or other person who makes the return, and addressed to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68509

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 and

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 1st 1895
4. *Place of Birth. (Street and Number)* 321 S. Eden st
5. *Full Name of Mother,* Bridget Cnell.
6. *Mother's Maiden Name,* Bridget Mcdinigin
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* John Cnell
9. *Father's Occupation* Fireman
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Mary E Dempsey

Address, 762 Fredrick ave City

Remarks, 8950005990

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the name and residence of the attending physician or midwife, if any, or other person, if any, who shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first day of each and every month to the office of the commissioner of health, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period required in the case of other persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 68510

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) W
3. Date of Birth, Sept 1 1895
4. Place of Birth, (Street and Number) 609 Lexington
5. Full Name of Mother, Lizzie Novitch
6. Mother's Maiden Name, Lizzie Rustzy
7. Mother's Birthplace, Germany
8. Full Name of Father, Rudolph Novitch
9. Father's Occupation, Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Odom Feet

Address,

Remarks,

8950005991

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 68511

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* June 22 Frederick Washington
4. *Place of Birth, (Street and Number)* Left the Corner of 11 & 12
5. *Full Name of Mother,* Dorcinda Jones
6. *Mother's Maiden Name,* Dorcinda Washington
7. *Mother's Birthplace,* Washington D.C.
8. *Full Name of Father,* Frederick Washington
9. *Father's Occupation* Laborer work
10. *Father's Birthplace,* France Georgetown

Name of Medical Attendant, or other person who makes this Return. Eliza Lucas

Address, Lafayette 224

Remarks,

1 8 7 5 0 0 0 5 9 9 2

Wm. J. C. Dulany Co., City Printers and Stationers.

No ... shall be entitled to receive the name and sex of each child, (if any,) shall have been conferred, the date and place of birth, and the name and occupation of its parents, the date and place of birth, and the maiden name of the mother, duly signed by the practitioner in the form of a certificate between the first and tenth day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall come to the duty of the person or parents of such child to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68512

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Sept 2nd 1895
4. Place of Birth, (Street and Number) 1739 E. Eager
5. Full Name of Mother, Francis T. McAfee
6. Mother's Maiden Name, Simpson
7. Mother's Birthplace, Balto
8. Full Name of Father, ~~Clarence~~ Carey N. McAfee
9. Father's Occupation Merchant
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. M. B. Billingslea

Address, 1206 E. Preston St

Remarks, 8950005993

been conferred; its sex, color, the full name and occupation of its parents, the date and place of its birth; and the name, residence and family signed by the practitioner in the form of a certificate herein, within the first month after such birth, or in case of a premature birth or death, within the same period, if such birth or death shall occur without the attendance of a physician or practitioner, it shall become the duty of the person or parents in charge of such child to report its birth to the Commissioner of Health, in the manner and within the time specified, and in default of such report, or if the Commissioner of Health, in the manner and within the time specified, and attendance upon the mother, immediately upon such birth, or within the time specified, shall be subject to the fine of ten (10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the attendant who delivered, duly signed by a regular practitioner in the form of a certificate between the first and third day of each month to the Office of the Commissioner of Health. In case the birth occurs without the attendance of a physician or practitioner, or should no one of the parents of such child be within the city at the time of the birth, or should the person or parents of such child fail to report its birth as herein provided, in the manner and within the period above required, such person or persons who shall be guilty of such neglect, shall be subject to the fine of ten (10) dollars for each offence, to be recovered in other fines and forfeitures as recoverable.

RETURN OF A BIRTH. 68513

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	2nd of September 95
4. *Place of Birth, (Street and Number)*	2106 Maine St.
5. *Full Name of Mother,*	Elise Robinson
6. *Mother's Maiden Name,*	Elise Bregram
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	William Robinson
9. *Father's Occupation*	Brigleger
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Friederike Heuler Midwife
Address,	2116 W Pratt St
Remarks,	

8950 085994

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68574

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2 September
4. Place of Birth, (Street and Number) 1755 Carlis place
5. Full Name of Mother, Annie Kamer
6. Mother's Maiden Name, Annie Shaf
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Kamer
9. Father's Occupation Thailor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Luise Svatora

Address, 1010 Durham st

Remarks.

T 6950005995

Each and every child born within the City of Baltimore shall be registered, the date and place of birth, and the sex, color, the full name and occupation of its parents, the date and place of birth, and the number of children born to the mother, and the number of children living of such mother, shall be delivered, duly signed by the attending physician or practitioner, or person in charge of such case, when there is no physician or practitioner in the house, or by the mother, or other person in the third day of each and every month, to a physician or practitioner of medicine, of the person or parents of such child, or person in charge of such case, who shall forward the same to the Commissioner of Health. In case of twins, triplets, or more, the same shall be done in like manner and within the period above recited, and shall occur without the intervention of a midwife, or other person, shall be reported to the Commissioner of Health, and attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons who shall be present at the birth to comply with the provisions of this section, and forfeitures are recoverable. Any such person or persons who shall neglect or refuse to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68575

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 2/95
4. Place of Birth, (Street and Number) 1827 R. Lombard Ste.
5. Full Name of Mother, Rosa Sewiski
6. Mother's Maiden Name, Gropinski
7. Mother's Birthplace, Germany
8. Full Name of Father, John Sewiski
9. Father's Occupation, Laberer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Lough Ste.

Remarks,

8950005996

been conferred) its sex, color, the full name and occupation of its father, and place of birth, and the said schedule shall be delivered, duly signed by the practitioner, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons so in attendance upon the mother, immediately thereafter, to report the birth of such child to report its birth to the Commissioner of Health, within the period above required, and any such Person or Persons who shall wilfully fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68516

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) V

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept. 2/95
4. *Place of Birth, (Street and Number)* 19 S. Washington Str.
5. *Full Name of Mother,* Constantina Hoeyes
6. *Mother's Maiden Name,* " Eckert
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Hoeyes
9. *Father's Occupation.* Gasinspector
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough Str.

Remarks,

8950005997

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 6857

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 2/95
4. Place of Birth, (Street and Number) 1743 Eastern Ave.
5. Full Name of Mother, Julia Minning
6. Mother's Maiden Name, Schreiber
7. Mother's Birthplace, Balto.
8. Full Name of Father, John Minning
9. Father's Occupation Saloonkeeper
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough Str.

Remarks,

8950005998

month, and shall set forth, so far as the same can be ascertained, the full name of each child, (if any shall have been born,) the sex, color, and number of children, the full name and occupation of its parents, the date and place of birth, and the sex of each child shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, for which he shall receive from the City Commissioner of Health, in the manner and within the period above required, and shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child, or the person in charge of the house where such birth shall occur, to give the same information, and report such birth in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68518

CERTIFICATE CORRECTED 2-7-56

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Julia ~~Wieber~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 3rd of September 95
4. Place of Birth, (Street and Number) 343 Bentalou St.
5. Full Name of Mother, Hanna (~~Henry~~) Wieber
6. Mother's Maiden Name, Hanna Hochmeister
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frank (~~Henry~~) Wieber
9. Father's Occupation Bookbeat
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Friederike Heuler Midwife

Address, 2116 W. Pratt St.

Remarks,

1 8 7 5 0 0 0 5 9 9 9

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or shall be attended by any other person, the father or mother of such child shall come within the period of one week of the person or persons attending such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68579

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, September Third.
4. Place of Birth, (Street and Number) 968 N. Washington St.
5. Full Name of Mother, Maggie A Valiant
6. Mother's Maiden Name, Gillinan
7. Mother's Birthplace, Baltimo.
8. Full Name of Father, Ed A. Valiant
9. Father's Occupation Street Paver.
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. Wm. G. A. Bellwell

Address, 1438 W. Bond St.

Remarks,

'8950006000

been entered in the sex, color, the full name and occupation of its parents, the date and place of birth; and the said duty of each and every month to the office of the Commissioner of Health, in the manner and within the period above required, and shall occur without the attendance of a physician or midwife, the duty of the person or parents of such child to report to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, Commissioner of Health, in the manner and within the period above required, and such report in the office of the Commissioner of Health, in the manner and within the period above required, and such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68520

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) V

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 3/95
4. Place of Birth, (Street and Number) 2012 E. Lombard Str.
5. Full Name of Mother, Annie M. Stamm
6. Mother's Maiden Name, " " Steckler
7. Mother's Birthplace, Baltr.
8. Full Name of Father, Konrad Stamm
9. Father's Occupation Cigarmacker
10. Father's Birthplace, Baltr.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough Str.

Remarks,

8950006001

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall set forth as nearly as the same can be ascertained, the full name of each child, (if any shall have been born alive,) the date and place of birth, the full name and occupation of its parents, the date and place of their marriage, and the number of children previously born to the mother, and how many of them are living, and how many have been born dead; and the attending physician or midwife, or, in the absence of both, the person who shall have delivered, duly signed by the practitioner in the form of oath. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, it shall become the duty of the person so practicing, or such person, to report the birth to the Commissioner of Health. In the manner and within the time prescribed, and shall report the birth of any child, or shall make any false or fraudulent statement in the report of such birth, or report, or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68521

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Vernon Theodore Bull

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color. (if not of the white race)* White
3. *Date of Birth.* September 3, 1895
4. *Place of Birth, (Street and Number)* 259 Hartley ave.
5. *Full Name of Mother,* Alice Cecilia Bull
6. *Mother's Maiden Name.* Duvall
7. *Mother's Birthplace.* Md
8. *Full Name of Father,* Silas Bull
9. *Father's Occupation* Laborer
10. *Father's Birthplace.* Md

Name of Medical Attendant, or other person who makes this Return, Dr. Shadrach for

Address, GIVEN NAME ADDED 2-10-54 Charles Mitchell M.D.

Remarks. h.m. 291 Chestnut ave.

B 7 5 0 0 0 5 0 0 2

months, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been born alive,) the full name and occupation of its parents, the date and place of birth, and the sex of each child; and every such certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the offspring of any such birth shall occur without the attendance of a physician or midwife, or shall be born dead, the father or other person in charge of the mother at the time of such birth shall report the birth to the Commissioner of Health. In the manner and within the period above required, and shall report such birth under oath, and shall furnish such information as may be required by the Commissioner of Health, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68522

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, September 3, 1895.
4. Place of Birth, (Street and Number) 517 Oliver Place.
5. Full Name of Mother, Mary E. Webb.
6. Mother's Maiden Name, Scott.
7. Mother's Birthplace, Md.
8. Full Name of Father, George W. Webb.
9. Father's Occupation Letter Carrier.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, R. B. Norment M.D. for Chas. H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks, 1895000003

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any, shall have been born alive within the year preceding) the date and place of birth, and the sex, race or color, the full name and occupation of the parents, the date and place of the first and last marriage of each and every mother, and the number of children she shall have borne, and shall be delivered, duly signed, to the Office of the Commissioner of Health, or should no other person be in attendance upon the mother, or should the person or practioner come the duty of the person or practioner, such shall occur without the aid of a physician or practioner, the person in charge of the premises, or the person in attendance upon the mother, immediately thereafter, shall be required to give notice of such birth, in the manner and within the time prescribed, and shall accurately inform the Commissioner of Health, in the manner and within the time prescribed, of such birth to the Commissioner, or shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68523

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept. 3d 1895
4. *Place of Birth, (Street and Number)* 271 N. Exeter St
5. *Full Name of Mother,* Ida Campes
6. *Mother's Maiden Name,* Ida Sharoman
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Levis Campes
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Fineberg

Address, 272 Lloyd St.

Remarks,

8950006004

month, and shall set forth under oath the full name of each child, if any shall have been born, the sex, the date and place of birth, and the full name, occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall be the duty of the person or parents of such child to report such birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68524

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 3 September
4. Place of Birth, (Street and Number) S. S. Bond st 719
5. Full Name of Mother, Mari Krečmer
6. Mother's Maiden Name, Gryter
7. Mother's Birthplace, Pole
8. Full Name of Father, Joseph Krečmer
9. Father's Occupation Setler
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return.

Address, S. Bond st 838

Remarks, Mary Lreth

1 8 9 5 0 0 0 6 0 0 5

Wm. J. C. Dulany Co., City Printers and Stationers.

Note.—It is the duty of the parents of each child, or in case of their absence or inability, the nurse or other person in attendance upon the mother, to see that the full name of each child, if any shall have been given, and shall be delivered, duly signed by the practitioner in the form of a certificate to the Registrar of Vital Statistics, the date and place of birth, and the full name and occupation of its parents, the date and place of birth, and the third day of each and every month to the office of the Commissioner of Health, in the manner and within the time prescribed by the rules and regulations of said Board. If any such certificate be not so delivered, or should no other person be in attendance upon the mother, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the time prescribed by said rules and regulations. Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been born,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered daily signed by the attendant, or other person, to the office of the Board of Health, and the said Board shall issue a certificate of such birth, which certificate shall be signed by the President and Secretary of the Board of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, who shall issue a certificate of such birth, for which service a fee of ten (10) cents shall be paid by the parents, or the person who shall have employed the attendant, upon the presentation of the certificate, to be recovered as other fines and forfeitures are recoverable. Any person who shall neglect or refuse to set forth or cause to be set forth the full name of each child, (if any shall have been born,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the third day of each and every month, or other period as the Commissioner of Health may direct, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68525

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 3rd 1895
4. *Place of Birth, (Street and Number)* 1809 Lancaster st
5. *Full Name of Mother,* Lora Witcolta
6. *Mother's Maiden Name,* Lora Dimitich
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Mateo Witcolta
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. M. E. Prego

Address, 768 Frederick ave

Remarks, B 9 5 0 0 0 3 0 0 6 City

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68526

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* September 3d 1895.
4. *Place of Birth, (Street and Number)* 2040 S. Charles St.
5. *Full Name of Mother,* Emma Jordan Shepperd.
6. *Mother's Maiden Name,* " " Steward.
7. *Mother's Birthplace,* Naples, Ind.
8. *Full Name of Father,* Wm Shepperd.
9. *Father's Occupation* Labor.
10. *Father's Birthplace,* Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, C. L. Nuckols, M.D.

Address, 702 West Cross Street.

Remarks,

1895000607

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of the father, the date and place of birth, and the said schedule shall be delivered, duly signed, by the practitioner in the form of a certificate between the first and third day of each month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the nurse or other person in attendance upon the mother, immediately thereafter, it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

aww

RETURN OF A BIRTH. 68527

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Edna L. ~~Haverbeck~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 3.
4. Place of Birth, (Street and Number) 106 W. Randall St.
5. Full Name of Mother, Emma Clara Haverbeck
6. Mother's Maiden Name, " " Knapp
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Albert Haverbeck
9. Father's Occupation Wood Moulder
10. Father's Birthplace, Hanover, Germany

Name of Medical Attendant, or other person who makes this Return. Katie Münch

Address, 800 Seadenhall Street.

Remarks,

8950003008

Wm. J. C. Dulany Co., City Printers and Stationers.

Sec. 3. Shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been born alive,) the sex, color, the full name and occupation of its parents, the date and place of birth, and the number (whether 1st, 2d, 3d, &c.) of such child in the order of its birth; and the said schedule shall be delivered, duly signed, at the office of the Commissioner of Health, or should no other person be in attendance, to the attending midwife or nurse, who shall become the duty of the person or persons so required, and shall occur within twenty-four hours after the birth, in the manner and within the period specified in the second section of this ordinance, and the said midwife or nurse shall be subject to the same penalties for fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Sec. 1. Be it enacted, that hereafter in the case of every child, born in this State, the attending physician or midwife shall, within twenty-four hours after birth, report to the Board of Health of the city or county in which such birth occurs, the date of such birth, the sex of such child, the name of the mother, and such other information as may be required by the said Board of Health, on blanks furnished by said Board of Health; and the said Board of Health shall be authorized to make such rules and regulations as may be necessary for the proper enforcement of this section. Sec. 2. Be it further enacted, that the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the person or persons in attendance upon the mother, immediately thereafter, to report the birth of such child to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68528

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 2 d

1. *Sex*, (*state whether male or female*) Male
2. *Race or Color*, (*if not of the white race*) White
3. *Date of Birth*, 4th Sept 1895
4. *Place of Birth*, (*Street and Number*) 907 Milton Place
5. *Full Name of Mother*, Annie E Bosch
6. *Mother's Maiden Name*, " " Hickman
7. *Mother's Birthplace*, Baltimore
8. *Full Name of Father*, Chas P Bosch
9. *Father's Occupation*, Clothing Trimmer
10. *Father's Birthplace*, Balto Md

Name of Medical Attendant, or other person who makes this Return, Wilhelmine Moemel

Address, Mictwiffe. 913 Fulton av.

Remarks, Name of Child Charles J. Bosch

8 9 5 0 0 0 0 0 0 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68529

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* September 4
4. *Place of Birth, (Street and Number)* Maiden Choice Lane apt 22
5. *Full Name of Mother,* Lizzie Matheus
6. *Mother's Maiden Name,* Lizzie Taylor
7. *Mother's Birthplace,* White Stone Lancaster Co Va
8. *Full Name of Father,* Robert Matheus
9. *Father's Occupation* Farming
10. *Father's Birthplace,* Loudenville Md

Name of Medical Attendant, or other person who makes this Return, Elizabeth Weaver

Address,

Remarks,

8950006010

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68530

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* September 4 1895.
4. *Place of Birth, (Street and Number)* 234 Arlington ave
5. *Full Name of Mother,* Bettie H. Davis
6. *Mother's Maiden Name,* Bettie Jones
7. *Mother's Birthplace,* Gloucester Co
8. *Full Name of Father,* James H. Davis
9. *Father's Occupation* Laboring
10. *Father's Birthplace,* Eng F. given Co Va.

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1 8 9 5 0 0 0 6 0 1 1

Health, shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate hereinafter set forth, on the third day of each and every month to the office of the Commissioner of Health. In case the birth of any living child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall have failed to report such birth within the period above prescribed, shall be liable to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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SEC. 1. The Board shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been christened,) its sex, color, and the name and occupation of its parents, the date and place of birth; and the whole shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case no other person be in attendance upon the mother, the duty of the person or parents of such child shall become the duty of the person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68531

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, September 4th 1895
4. Place of Birth, (Street and Number) Wolen Court No 14.
5. Full Name of Mother, Airyann Stevenson
6. Mother's Maiden Name, Airyann Baker
7. Mother's Birthplace, Baltimore MD
8. Full Name of Father, George Stevenson
9. Father's Occupation Colored
10. Father's Birthplace, North Hampton E. Shore Va

Name of Medical Attendant, or other person who makes this Return, Maryann Mann

Address, 537 Walnut alley

Remarks, Baltimore MD

0 9 5 0 0 0 6 0 1 2

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 68533

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (State whether male or female)* Female
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* Fourth of September 1895
4. *Place of Birth, (Street and Number)* 606 China Street
5. *Full Name of Mother,* Mary Fay
6. *Mother's Maiden Name,* Mary Thater
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Louis Michael Fay
9. *Father's Occupation,* Varnisher
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Florence B Thater

Address, 932 Warner st Md

Remarks,

8950006013

Each birth, and shall enter the same on a blank schedule to be furnished by the Commissioner of Health, which shall contain the following, viz: Sex, color, place of birth, the full name of each child, the full name of the father and mother, the occupation of its parents, the date and place of birth, and the name of the physician or midwife, if any, who shall have attended upon the mother, and shall report the same to the Commissioner of Health, in the manner and within the period hereinafter prescribed; and if any such child shall be delivered, only signed by the attendant in the form of a certificate, the birth of any such child shall not set forth as far as the same can be ascertained the full name of each child, of any shall have shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child, within twenty-four hours after the birth of such child, to report the birth to the Commissioner of Health, in the manner and within the period above specified, and if any such person shall neglect or refuse to comply with the provisions of this section, shall be fined not less than five dollars nor more than ten dollars, and shall be liable to a further fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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Father of such birth, and shall enter the same on blanks furnished by the Commissioner, to be known as the birth schedule, to be signed by the mother or her care taker, and the attendant, who shall contain a list of the questions to be ascertained, the number of each child, if twins, triplets, etc., shall have been entered, which shall be signed by the Commissioner of Health, or should no other person be in attendance, the mother shall be delivered, with to the office of the Commissioner of Health, in the form of a certificate above required, and said schedule, shall be the duty of the Commissioner of Health, in the event of a premature birth, to be in the form of a certificate above required, and shall contain the name, sex, color, the full name of the parents, the date and place of birth, and the number of each and every child born, and the date and place between the first and the last birth, and the occupation of the parents, the place of birth of the parents of such child, and the place of birth of the mother, immediately after the birth of such child, to comply with the provisions of this section shall be guilty of a misdemeanor and upon conviction thereof shall be punished by the Commissioner, and the attendant upon the birth to the Commissioner hereafter fail to comply with the provisions of this section shall be guilty of a misdemeanor and upon conviction thereof shall be punished by the Commissioner, and the attendant upon the birth to the Commissioner hereafter fail to be recovered as other fines and forfeitures are recoverable. Failure to report the birth of a child, or any person who shall neglect or refuse to report the birth of a child to a person or persons who shall neglect or refuse to report the birth of a child, shall be subjected to the fine of ten (10) dollars for each offence.

RETURN OF A BIRTH. 68534

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White race
3. Date of Birth, Born September 4th 1895
4. Place of Birth, (Street and Number) Baltimore Md 1511 Holbrook st
5. Full Name of Mother, Catherine Genobee Slaughter
6. Mother's Maiden Name, Catherine Genobee Cunningham
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Francis John Slaughter
9. Father's Occupation Driver
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs Worden

Address, 1000 East Hoffman St.

Remarks,

8 9 5 0 0 0 6 8 1 4

Wm. J. C. Dulany Co., City Printers and Stationers.

Baltimore under whose charge or supervisidence a birth shall hereafter take place, shall keep a true and correct register of such births, shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the date and place of birth, the first and full name of each child, the sex, color, the full name of each parent, the date and place of marriage of each parent, the number of children borne by the mother, including the last birth, the number of which has been conferred) its sex, color, the full name of each parent, the date and place of marriage of each parent, the number of children borne by the mother, including the last birth, the number of which has been conferred) its sex, color, the full name of each parent, the date and place of marriage of each parent, the number of children borne by the mother, including the last birth, in case the birth of any child shall occur without the attendance of a physician, it shall become the duty of the person or persons required, and said schedule shall be delivered monthly to the office of the Commissioner of Health, in the manner and within the time specified in the preceding section of this ordinance, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68585

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 4th Sept
4. Place of Birth, (Street and Number) 130 N. Wolfe St.
5. Full Name of Mother, Delia Collision St
6. Mother's Maiden Name, Delia Rowland
7. Mother's Birthplace, Virginia
8. Full Name of Father, Thomas Collision
9. Father's Occupation, Cementer
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Mrs. A. Smith Midwife.

Address, 1417 E. Eager St.

Remarks, 8950006015

Wm. J. C. Dulany Co., City Printers and Stationers.

register of such birth, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health, which schedule shall contain a list of the births which have occurred during the month, or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred; its sex, color, the full signed by the practitioner in the form of a certificate, the birth of any child said schedule shall be delivered by the attendant or midwife, or should no other person be in charge of such birth, the parents of such child shall become the duty of the person or parents of such child to report its birth within ten days after the birth, in the manner and within the period above prescribed, such attendance upon the mother, immediately upon the receipt of blank schedules from the Commissioner of Health, in the manner and within the period above prescribed, such child to report its birth within ten days after the birth of any child, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68536

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) W
3. Date of Birth, Sept 4th 1895
4. Place of Birth, (Street and Number) 3002 Elliott
5. Full Name of Mother, Julia O'Connor
6. Mother's Maiden Name, Julia Simmons
7. Mother's Birthplace, Balto
8. Full Name of Father, John O'Connor
9. Father's Occupation, Hotel Keeper
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Anna D. Kulesch Midwife

Address, 2838 Elliott

Remarks,

6 9 5 0 0 0 6 0 1 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

GIVEN NAME ADDED 2-22-66 6863

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Charles W. ~~Zimmerman~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White 1895
3. *Date of Birth,* 4th September
4. *Place of Birth, (Street and Number)* 1203 Scott st.
5. *Full Name of Mother,* Florence C. Davis
6. *Mother's Maiden Name,* Florence C. Zimmerman
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William C. Zimmerman
9. *Father's Occupation* Finisher
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Bango

Address, 711 N. Gwin

Remarks,

8 9 5 0 0 0 6 0 1 7

Wm. J. C. Dulany Co., City Printers and Stationers.

Section 1. Be it ordained by the Mayor and City Council of Baltimore, that the same on blanks to be furnished by the Commissioner of Health. This schedule shall contain a line for each birth which have occurred in the city of Baltimore during the month, and shall set forth as far as the same can be ascertained, the full name of each child of live births which have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the duty of making the return shall devolve on the person in attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[redacted] 7-26-65

[redacted] 7-30-65

RETURN OF A [redacted]IRTH. 68538

To the Office of Registrar of Vital [redacted]istics, Board of Health, Baltimore City.

Name: Elizabeth Marie Schmitt (1)

Name: Henrietta Francis Schmitt (2)

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex*, (*state whether male or female*) (2) Female
2. *Race or Color*, (*if not of the white race*) white
3. *Date of Birth*, May Twenty 4 1965
4. *Place of Birth*, (*Street and Number*) Sibley Lo C.
5. *Full Name of Mother*, Carolen Schmitt
6. *Mother's Maiden Name*, Carole Lusch
7. *Mother's Birthplace*, Germany
8. *Full Name of Father*, Rudolf Schmitt
9. *Father's Occupation* Saloon & Restaurant
10. *Father's Birthplace*, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Barge

Address, 711 N. Gilmor st.

Remarks,

8950006018

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered duly signed by the person or persons herein before mentioned, to the Health Officer, within the jurisdiction of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above specified, and any such person or persons who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

68539

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 4 September 1524 Bussough st.

4. Place of Birth, (Street and Number) B

5. Full Name of Mother, Rosalie Peterginski

6. Mother's Maiden Name, " Rinsky

7. Mother's Birthplace, Germany

8. Full Name of Father, Valenty Peterginski

9. Father's Occupation Laboor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Rudy. McJoon.

Address, 1331 Hull st Locust Point.

Remarks,

1845000 6019

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall enter the same on blank schedule, to be furnished by the Commissioner of [illegible] and shall enter the births which have occurred under his or her care during the [illegible] of each child, if any, shall be [illegible] Health. This schedule shall be made in duplicate, one copy of which shall be [illegible] month, and shall state its sex, color, the full name and the practitioner in the form of a certificate between the first and [illegible] conferred upon the mother, immediately thereafter, or should no other person [illegible] such schedule shall be delivered, daily, to the office of the Commissioner of Health, [illegible] third day of each and every month, in the absence of a physician or practitioner, the duty of the person above required, and shall occur within the mother, immediately thereafter, in the manner and within the [illegible] shall be subject to report its birth to the Commissioner of Health, in the manner and within the [illegible] shall be subject to report its birth to the Commissioner of Health, in the manner and within the [illegible] any such person or persons shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Section 1. Birth and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain the following items: Full name of each child, if any shall have been born; the date of birth, the same can be ascertained; parents, the date and place of birth, the first and month, and shall set forth, the full name and occupation in the form of a certificate the birth of any child shall day of each and every month of a physician or practitioner in the form of a certificate, and shall occur without the mother, immediately thereafter, in the manner and within the time prescribed, and attendance, shall be required to report this birth to the Commissioner, whether fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF BIRTH. 685-40

GIVEN NAME ADDED 5-7-63

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: George Edmund Hardy / et.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 4 I 95
4. Place of Birth, (Street and Number) 2627 Francis St.
5. Full Name of Mother, Grace E. Hardy
6. Mother's Maiden Name, " " Hullen
7. Mother's Birthplace, Balto Co.
8. Full Name of Father, John F. Hardy
9. Father's Occupation, Carpenter
10. Father's Birthplace, Harford Co.

Name of Medical Attendant, or other person who makes this Return, L. F. Fox M.D.

Address,

Remarks,

1 8 9 5 0 0 0 6 0 2 0

Wm. J. C. Dulany Co., City Printers and Stationers.

registrar of such births, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the questions which have occurred to him or her care during the month, as hereinafter provided, to be answered by the attendant upon the mother, immediately after the birth, and the said schedule shall set forth as far as the same and occupation, or in the form of a certificate the birth of any child born in said city, which shall be signed by the attendant, if there be one, and if not, by the person who shall have been present at the birth, and shall be delivered every month to the officer or person in charge of the office of the Commissioner of Health, or should no other person of such third day of each and every month, or to the Commissioner of Health, or his or her deputy, or other person duly authorized, or to the attendance of a physician, if there be one, and if not, by the person who shall have been present at the birth, in the manner and within the period above required, and shall occur upon the mother, immediately after the birth, to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68541

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 4th 1895
4. Place of Birth, (Street and Number) 1115 N Fremont Ave
5. Full Name of Mother, Lavina O Brien
6. Mother's Maiden Name, Emma Hirey
7. Mother's Birthplace, Balto
8. Full Name of Father, Wm H O Brien
9. Father's Occupation Builder
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Ivers A Dunnigold

Address, 530 Lafayette Ave

Remarks,

8 9 5 0 0 0 6 0 2 1

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall be sworn to by the person making the return. The name of each child, if any, shall be given, if a male, color, the full name and occupation of its parents, the date of birth, and the place of birth, the number of the house and street, if in a city, and the name of the attending physician or midwife, if any, and if not, the name of the person who shall have charge of such child. The schedule shall be delivered, duly signed by the attending physician or midwife, or, in case there is no such person, by the person who shall have charge of such child, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, it shall be the duty of the person or persons in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall have failed to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68842

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 5 1895
4. *Place of Birth, (Street and Number)* 1013 Hatchen St
5. *Full Name of Mother,* Sophia Silverstein
6. *Mother's Maiden Name,* Sophia Rusinnoba
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* David Silverstein
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. Rosa Finburg

Address, 27 Lloyd St.

Remarks,

, 8950006022

Wm. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred; its sex, color, the full name by the practitioner in the form of a certificate between the first and tenth days of each and every month to the office of the Commissioner of Health, in the manner and within the said schedule shall be delivered or mailed by the practitioner or midwife, or shall become the duty of the person or parents of such child, occurring without the attendance of a physician or practitioner, or midwife, or shall be the duty of the person in attendance upon the mother, immediately after the birth, to report the birth to the Board of Health, in the manner and within the period above specified, and shall comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68543

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, September 5 1895.
4. Place of Birth, (Street and Number) 225 Carroll St.
5. Full Name of Mother, Harriet May Pearce.
6. Mother's Maiden Name, Hobbs.
7. Mother's Birthplace, Md.
8. Full Name of Father, George W. Pearce.
9. Father's Occupation Laborer.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks,

1895000023

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68544

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) First 1st

1. *Sex*, (*state whether male or female*) Male
2. *Race or Color*, (*if not of the white race*) White
3. *Date of Birth*, September 5th 1895
4. *Place of Birth*, (*Street and Number*) 548 Wilson St.
5. *Full Name of Mother*, Maggie Klinger
6. *Mother's Maiden Name*, Maggie Hockter
7. *Mother's Birthplace*, Baltimore
8. *Full Name of Father*, George Klinger
9. *Father's Occupation* Milk man
10. *Father's Birthplace*, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs A Mazzeldik

Address, 527 Lafayette Ave

Remarks,

1 8 9 5 0 0 0 6 0 2 4

Wm. J. C. Dulany Co., City Printers and Stationers.

Name, and shall set forth such as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, and the full name and occupation of its parents, the exact place of birth; and the month, and shall set forth such as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, and the full name and occupation of its parents, the exact place of birth; and the said schedule shall be delivered, duly signed by the practitioner in charge, or the person or persons officiating at the birth of any child and day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, Commissioner of Health, in the manner and within the period above required, and shall report the same to the Commissioner of Health, in the manner and within the period above required, and such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Registrar of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain the name of each child born in the City of Baltimore during the month, and shall set forth, so far as the same can be ascertained, the full name, the date and place of birth; and the full name and occupation of the parents, the place of birth of each, and the number of the child, if any shall have been born before, and shall be delivered, duly signed by the Commissioner of Health. In case no other person be in said city of each and every month to the Commissioner of Health, in the form of a certificate between the 1st and 5th days of each and every month to the physician or practioner of midwifery, or of the person or parents of such child, or in default of such report, the same shall be made by the Commissioner of Health, in the form of a certificate, and shall occur without the attendance of a physician or midwife, then the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above fixed, and in default of such report, the same shall be made by the Commissioner of Health, in the form of a certificate, and shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68545

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 5 September
4. Place of Birth, (Street and Number) S Bond st 730
5. Full Name of Mother, Lizzie Hurley
6. Mother's Maiden Name, Feller
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Arthur Hurley
9. Father's Occupation Police at the Park
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Prill

Address, S Bond st 838

Remarks,

1895 0006025

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 8-23-55

RETURN OF A BIRTH. 68546

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Charles Foster ~~Hedinger~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept. 5/95
4. *Place of Birth, (Street and Number)* 20 S. Collington Ave.
5. *Full Name of Mother,* Maggie Hedinger
6. *Mother's Maiden Name,* Bendett
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Char. Hedinger
9. *Father's Occupation* Agent
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. Mrs. Deisenhofer

Address, 2225 Gough St.

Remarks,

1 8 9 5 0 0 0 6 0 2 5

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the signet by the practitioner in the form of a certificate to be sworn to, and the said schedule shall be delivered, duly signed by the parents, if any, or in case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above prescribed, and such attendance upon the mother, immediately after the birth of such child, shall be deemed a sufficient excuse for such omission; and any person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co. City Printers and Stationers.

Health. Sect. 2. The said schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third days of each month, to the office of the Commissioner of Health, for which no other person than a physician shall receive any fee or reward. Sect. 3. That no person shall be allowed to act as a midwife, or shall take charge of any child in attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any neglect or refusal so to do, or any willful omission of the same, or any part thereof, shall be adjudged guilty of a misdemeanor, and shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68547

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 5th 1895
4. Place of Birth, (Street and Number) 211 Division St
5. Full Name of Mother, Mary Dutter
6. Mother's Maiden Name, Brush Miller
7. Mother's Birthplace, Balto
8. Full Name of Father, George Dutter Jr
9. Father's Occupation Laborer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Chas E Dadlter

Address. 1839 Bolton St

Remarks.

6 9 5 0 0 0 6 0 2 7

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68548

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 712 September Street
4. *Place of Birth, (Street and Number)* 712 Monroe Alley
5. *Full Name of Mother,* Minnie B. Schenck.
6. *Mother's Maiden Name,* Cole.
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Thomas A. McSchenck
9. *Father's Occupation* Bricklayer
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Mary A. Sellwell.

Address, 1438 W. Bond St.

Remarks,

8950006028

Wm. J. C. Dulany Co., City Printers and Stationers.

This schedule shall contain a list of the births which have occurred under his care during the month, and shall set forth as far as can be ascertained the full name of each child, if any shall have been conferred; its sex, color, date and place of birth; and the name and occupation of its parents. In case the birth of any child shall not be reported by the attendant, a certificate between the first and third day of each month to the office of the Commissioner of Health. In case the birth of any such child shall not be reported by the attendant, the mother or other person in attendance upon the mother, immediately after the birth, to report its birth to the Commissioner of Health, in the manner and within the period above required, and shall specify the name and residence of the attendant, if any, and the reason why the birth was not reported by the attendant, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68549

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 d.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Sept. 5 (5. 30. A. M.)
4. Place of Birth, (Street and Number) 2308 Stratton street.
5. Full Name of Mother, Ida May Switzer.
6. Mother's Maiden Name, Vincent.
7. Mother's Birthplace, Westminster, Balto. Co.
8. Full Name of Father, Charles Edward Switzer.
9. Father's Occupation. Painter.
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Jno. B. Kanne for Dr.

Address, Mothers Relief Society, 632. N. Fremont Ave.

Remarks,

8 9 5 0 0 0 5 0 2 9

Wm J. C. Dulany Co., City Printers and Stationers.

Section 8, Art. 1, of Art. 4th as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or shall occur in other places than the residence or attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68550

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 5th of September 95
4. *Place of Birth, (Street and Number)* 428 Lehmann St.
5. *Full Name of Mother,* Elisabeth Lambrecht
6. *Mother's Maiden Name,* Elisabeth Winter
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Otto Lambrecht
9. *Father's Occupation* Butcher
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Friederike Kessler midwife

Address, 2116 W. Pratt St.

Remarks,

1895000930

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, under penalty of twenty dollars for each offence; and if any such schedule shall be delivered, or should no other person be in attendance, then the other, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered, as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68551

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) IIII

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept. 5/95
4. *Place of Birth, (Street and Number)* 2231 Bank Str.
5. *Full Name of Mother,* Helena Krosteska
6. *Mother's Maiden Name,* Halle
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Edwards Krosteska
9. *Father's Occupation* Laberer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Deimenhofer

Address, 2225 Gough Str.

Remarks.

8950006031

Section 1. It shall be the duty of every person who shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of certificate herein set forth, and shall be by the said person or persons, or the officer of the Commissioner of Health, in the manner and within the time shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time herein required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine or penalty of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68552

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sep. the 6 - 1895
4. *Place of Birth, (Street and Number)* Ramsay st No 13-27
5. *Full Name of Mother,* Mary E Dugger
6. *Mother's Maiden Name,* Mary E Clark
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles E Clark
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs S Kellen

Address, No 19-22 McElhiney Av

Remarks,

1 8 9 5 0 0 0 6 0 3 2

month, and shall set forth, as far as the same can be ascertained, the full name of each child, if any shall have been considered its sex, color, the full name and occupation of its parents, the date and place of birth, and the name of the attendant, if any, and the residence of the parents, and shall deliver the same within the first third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child, or person in charge of the house, to report the birth in the manner and with the prescribed forms; and any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68553

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 2007 East Biddle St
4. Place of Birth, (Street and Number) September 6.
5. Full Name of Mother, Cora A. Jenkins
6. Mother's Maiden Name, Evans.
7. Mother's Birthplace, Balto.
8. Full Name of Father, John H. Jenkins
9. Father's Occupation Machinist
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. Mary A. Ellwell

Address, 1458 W. Bond Street

Remarks,

6 7 5 0 0 0 6 0 3 3

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] name of such child, if any shall have been ascertained, the full name of such child, if any shall have been conferred) its sex, color, the full name, age and occupation of its parents, the date and place of birth and the number and street, if any, of the residence of the parents, to be certified by the practitioner in the form of a certificate of birth; and the said schedule shall be delivered, duly filled out, by the physician or person in charge of the case, in case the birth of any child shall occur without the attendance of a physician or person in charge of the case, to the office of the Commissioner of Health, or should no other person of such third day of each month, or within twenty days after, it shall become the duty of the person who is required, and shall occur without the attendance of a physician or person in charge of the case, to the office of the Commissioner of Health, in the manner and within the period above required, and shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68554

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept. 6/95
4. *Place of Birth, (Street and Number)* 1856 E. Fayette Str.
5. *Full Name of Mother,* May Lunstrom
6. *Mother's Maiden Name,* J. Marine
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Mark Lunstrom
9. *Father's Occupation* Craftsman
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1 8 9 5 0 0 0 6 0 3 4

month and shall set forth as far as the same can be ascertained the full name of each child of any shall have been born in such family, the sex, color, the full name and occupation of its parents, the date and place of birth of each and every child, duly signed by the practitioner or attendant, or if there be no such attendant, then by the said schedule shall be delivered at the office of the Commissioner of Health, in the manner and within the period above required of such attendant or person who shall neglect or refuse to comply with the provisions of this section shall be and is hereby declared to be guilty of a misdemeanor, and shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68555

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) IIII

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept. 6/95
4. *Place of Birth, (Street and Number)* 511 S. Canton Str.
5. *Full Name of Mother,* Margaretha Ludwig
6. *Mother's Maiden Name,* " Rocker
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Isack Ludwig
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Eisenhofer

Address. 2225 Gough Str

Remarks,

8950006035

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68556

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 6th
4. Place of Birth, (Street and Number) 1616 N. Gilmor st
5. Full Name of Mother, Catherine M. Kilduff
6. Mother's Maiden Name, Catherine M. Rock
7. Mother's Birthplace, Norfolk Va.
8. Full Name of Father, George S. Kilduff
9. Father's Occupation Conductor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Scheching

Address, Mrs Mary Sheehing

Remarks, 731 Cresmelo Land Ct

1 8 9 5 0 0 0 6 0 3 6

Wm. J. C. Dulany Co., City Printers and Stationers.

Penalty for failing to file a Return of a Birth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of its birth and have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, then the mother or father of such child shall within the period above required, report such child to report its birth to the Commissioner of Health, in the manner and within the period above required, such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68657

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* September 6, 1895.
4. *Place of Birth, (Street and Number)* 227 Hickory ave.
5. *Full Name of Mother,* Florence Matilda Harris.
6. *Mother's Maiden Name,* Shaffer.
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* William H. Harris.
9. *Father's Occupation* Millwright.
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return. Chas. H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks, —

, 8 9 5 0 0 0 6 0 3 7

Wm. J. C. Dulany Co., City Printers and Stationers.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the third day of each month every such schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month, to the Registrar of the Board of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, it shall be the duty of the person in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any person or persons who shall neglect or refuse to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68558

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 6

1. *Sex*, (*state whether male or female*) Male
2. *Race or Color*, (*if not of the white race*) W
3. *Date of Birth*, Sept 6th
4. *Place of Birth*, (*Street and Number*) 2914 O'Donnell
5. *Full Name of Mother*, Ruth Christ
6. *Mother's Maiden Name*, Ruth Updegraff
7. *Mother's Birthplace*, Maryland
8. *Full Name of Father*, Harry Christ
9. *Father's Occupation*, Laborer
10. *Father's Birthplace*, Maryland

Name of Medical Attendant, or other person who makes this Return, Anna D. Kubasek Midwife

Address, 2838 Elliott

Remarks,

8 9 5 0 0 0 6 0 3 8

been conferred) his sex, color the full name and occupation of his parents, the date and place of birth; and the said whether shall be delivered, in the form of a certificate between the first and fifth day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such child to report the birth to the Commissioner of Health, in manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68359

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.), 1st

1. *Sex, (state whether male or female)*, Male
2. *Race or Color, (if not of the white race)*, White
3. *Date of Birth*, Sept 6, 1895
4. *Place of Birth, (Street and Number)*, 1209 N. Ann Street
5. *Full Name of Mother*, Christina Krause
6. *Mother's Maiden Name*, Philipsky
7. *Mother's Birthplace*, Baltimore County
8. *Full Name of Father*, George F. Krause
9. *Father's Occupation*, Produce Trader
10. *Father's Birthplace*, Baltimore County

Name of Medical Attendant, or other person who makes this Return, J. W. Seltzer, M.D.

Address, 1501 East Eager St.

Remarks, 8950006039

Item (conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office or superintendent of midwifery, or should no other person be in attendance upon the mother of such child, to the office of the registrar of vital statistics. In case the birth of any child shall occur without the attendance of a midwife, immediately thereafter it shall become the duty of the person or persons in charge of the mother, immediately thereafter, to comply with the provisions of this section, and shall be required to report its birth to the Commissioner of Health. In the event of any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68560

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 6th September
4. *Place of Birth, (Street and Number)* 420 E. Fairmount Ave
5. *Full Name of Mother,* Louisa Hendi
6. *Mother's Maiden Name,* " " Bluer
7. *Mother's Birthplace,* Howard County
8. *Full Name of Father,* Frederick Hendi
9. *Father's Occupation* Cigarmaker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Bangle

Address, 711 N. Gilmor St

Remarks,

8950006040

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] 1. [illegible] shall be [illegible] the same can be ascertained, the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the attendant or informant, to the person or persons who shall be required to fill out the certificate of birth, and the third day of each and every month to the office of the Commissioner of Health, in the case of the first and second days of the month, the schedule shall be delivered on the third day of the month following. 2. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the parents of the child, or the person with whom the child shall be, within twelve hours after the birth of such child. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, who will be provided with blanks for the purpose, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subject to the fine or fine (by) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 6-16-59

RETURN OF A BIRTH. 68561

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ethel Mae ~~Riggin~~ 4th Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Sept. 6th 1895
4. *Place of Birth, (Street and Number)* 20 E. Henrietta St.
5. *Full Name of Mother,* Jennie L. Riggin
6. *Mother's Maiden Name,* " " Taylor
7. *Mother's Birthplace,* Essex Co. Va.
8. *Full Name of Father,* Charles B. Riggin
9. *Father's Occupation* Mariner
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, R. J. N. Tall. M.D.

Address, 524 Sharp St.

Remarks,

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Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68562

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 6th Sept 1895
4. *Place of Birth, (Street and Number)* 1354 Garrett Ave
5. *Full Name of Mother,* Annie M. Glace
6. *Mother's Maiden Name,* Hammond
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* George Glace
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Elizabeth Yewell

Address, 436 E Fort Ave

Remarks,

[illegible] so far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

0950006042

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68563

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 7/95
4. Place of Birth, (Street and Number) 10 Irvin Place
5. Full Name of Mother, Annie Westerman
6. Mother's Maiden Name, Kowallig
7. Mother's Birthplace, Balto.
8. Full Name of Father, John Westerman
9. Father's Occupation Clerk
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. Mrs. Eisenhofer

Address. 2225 Gough St

Remarks,

8 7 5 0 0 0 6 0 4 3

Wm. J. C. Dulany Co., City Printers and Stationers.

Sec. 1. Be it enacted, that on and after the first day of January, nineteen hundred and fifteen, as soon as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of its birth, and the number of the child of its mother, shall be recorded in the office of the Commissioner of Health, in a book to be provided for the purpose, and a certificate thereof, in the form of a schedule to be prescribed by the said Commissioner of Health, shall be delivered, duly signed by the practitioner or midwife, or, in case there be no such practitioner or midwife, by the father or other person having charge of the mother, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner or midwife, the father or other person having charge of such child, shall report the birth to the Commissioner of Health, in the manner and within the time prescribed in the said schedule, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time prescribed in the said schedule, and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth so far as the same can be ascertained the full name of each child of any shall have been conferred) its sex, color, the full name and occupation of its father, the color, name, place of birth and age of the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, the mother herself, and the person or persons with whom such child is living, shall be required to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68564

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 1

1. *Sex,* (*state whether male or female*) Boy
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* 7 September 1895
4. *Place of Birth,* (*Street and Number*) 1 Dallar Str 721
5. *Full Name of Mother,* Mary Niles
6. *Mother's Maiden Name,* Lynch
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Niles
9. *Father's Occupation* Kupfersmit
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Prith

Address, S Bond St 838

Remarks,

1 8 9 5 0 0 0 6 0 4 4

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 68565

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 1st

1. *Sex*, (*State whether male or female*) Male
2. *Race or color*, (*if not of the white race*) White
3. *Date of Birth*, Sept. 7-95
4. *Place of Birth*, (*Street and Number*) 129 Lomax
5. *Full Name of Mother*, Emma Mrs. Turley
6. *Mother's Maiden Name*, Emma Bennet
7. *Mother's Birthplace*, Balto. Md
8. *Full Name of Father*, Edw. Mr. Turley
9. *Father's Occupation*, Moulder
10. *Father's Birthplace*, Balto. Md

Name of Medical Attendant, or other person who makes this Return. Hans Boyd

Address, 637 Columbia ave

Remarks,

8950006045

month, and shall set forth as far as the same can be ascertained, the full name of each child, the sex, color, date and place of birth, and the full name and occupation of its parents, the date and place of birth, and the full name and occupation of the attendant or other person who shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the full name and occupation of the attendant or other person who shall have been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Registrar of Vital Statistics, in Baltimore City, and shall be a full and complete return of all births occurring within the said month, and in case there shall be no birth to report, the said certificate shall contain a statement to the effect; in case there shall be no birth of any child attended by a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall be guilty of a violation of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

THE J. S. DULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 7-6-55

RETURN OF A BIRTH. 68566

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Edna King

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 7 September 1895
4. *Place of Birth, (Street and Number)* Thames St 1521
5. *Full Name of Mother,* Baby King
6. *Mother's Maiden Name,* Erman
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Valentin King
9. *Father's Occupation* Grocery Store
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address, Mary Pitt

Remarks, S. Bond st. 838

1895006046

been conferred) the sex, color, the full name and occupation of its parents, the date and place of birth and the [illegible] said schedule, shall be delivered by him to the Registrar of Vital Statistics, at Baltimore City, within the first and third day of each and every month to be by the Registrar of Vital Statistics, in case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, delivered to other persons as such child or upon the mother immediately thereafter it shall become the duty of the person or persons in the manner and within the period above required, and any such person or persons who shall herein fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68567

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 7/95
4. Place of Birth, (Street and Number) 2013 E. Lombards Str.
5. Full Name of Mother, Mary Karch
6. Mother's Maiden Name, Lippen
7. Mother's Birthplace, Germany
8. Full Name of Father, Jacob Karch
9. Father's Occupation Ciggarmaker
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Eisenhofer

Address, 2225 Gough St.

Remarks,

8950006047

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the name of the physician or midwife by whom it was delivered, duly signed by the practitioner in the form of a certificate between the third and fifteenth day of each and every month to the office of the Commissioner of Health, and no other person shall be in any way responsible for such certificate or report, or should no other person be in attendance upon the mother, the Commissioner of Health, in the manner and within the period above recited, shall be notified by the person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68568 over

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

William Frederick

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First (1st)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 7th 1895
4. Place of Birth, (Street and Number) 1337 N Mount St
5. Full Name of Mother, Mary Estelle Leinewebber
6. Mother's Maiden Name, Mary E. White
7. Mother's Birthplace, Richmond Va
8. Full Name of Father, Ferdinand Leinewebber
9. Father's Occupation Painter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, D F Phillips

Address, 753 W Lexington St

Remarks,

1 6 9 5 0 0 0 6 0 4 8

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68569

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 7th of September 95
4. *Place of Birth, (Street and Number)* 2161 Calverton Road
5. *Full Name of Mother,* Lize Schowacza
6. *Mother's Maiden Name,* Lize Gyap
7. *Mother's Birthplace,* Pole
8. *Full Name of Father,* Henry C. Schowacza
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Pole

Name of Medical Attendant, or other person who makes this Return, Friederike Keuler Midwife

Address, 2116 W. Pratt St

Remarks,

8950 05049

Wm. J. C. Dulany Co., City Printers and Stationers.

hect contrary to sex, color, the full name and occupation of its parents, the date and place of its birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

68570

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Sept 8th 1895

4. Place of Birth (Street and Number) 5. Hanover Gay & Mott Sts.

5. Full Name of Mother Cora J. McLaughlin

6. Mother's Maiden Name Fissenden

7. Mother's Birthplace Vermont

8. Full Name of Father George E. McLaughlin

9. Father's Occupation Merchant

10. Father's Birthplace Maryland

Name of Medical Attendant, or other Person who makes this return Samuel J. Beck M.D.

Address 314 N. Eutaw St.

Remarks

Henry F. W.B.J. 1/28/20

1 8 9 5 0 0 0 6 0 5 0

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 685-71

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 8/95
4. Place of Birth, (Street and Number) 239 S. Register Str.
5. Full Name of Mother, Kathie Lippert
6. Mother's Maiden Name, Happ
7. Mother's Birthplace, Germany
8. Full Name of Father, Sebastian Lippert
9. Father's Occupation Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough St.

Remarks,

8950006051

Wm. J. C. Dulany Co., City Printers and Stationers

Provided that if any person shall be found guilty of the same, shall be ascertained, the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of any person or practitioner, it shall be the duty of the person in whose house such child shall so report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68572

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept. 8/95
4. *Place of Birth, (Street and Number)* 1901 Alice Ann Str.
5. *Full Name of Mother,* Karolina Waterworth
6. *Mother's Maiden Name,* " Josenhans
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Robert Waterworth
9. *Father's Occupation* Saloonkeeper
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Leisenhofer

Address, 2225 Gough St.

Remarks,

1 8 9 5 0 0 0 6 0 5 2

months, and shall set forth as far as the same can be ascertained the full name of each child (if any) which shall have been born to her, the sex of each child, whether it was the first, second, or other child of her living children, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, the mother herself, or the person or persons in charge of such mother, shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

68573

~~68573~~

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Col.
3. Date of Birth, Sept. 24 1915
4. Place of Birth, (Street and Number) 1011 Argyle Ave.
5. Full Name of Mother, Sadie C. Adams
6. Mother's Maiden Name, Sims
7. Mother's Birthplace, Staunton, Va.
8. Full Name of Father, Jas. Adams
9. Father's Occupation, Porter.
10. Father's Birthplace, Columbia, Pa.

Name of Medical Attendant, or other person who makes this Return. W. T. Carr, Jr. M.D.

Address, 1062 Argyle Ave.

Remarks,

8950006053

month, and shall set forth as far as the same can be ascertained the full name of each child, if any, shall have been born, the date of birth, the sex, color, the full name and occupation of its parents, the date of their marriage, and whether this shall be delivered, duly signed by the practitioner, to the proper officer of Health, and the third day of each and every month to the officer of Health, or should no other person be in attendance, upon the mother at the time of the birth, the parent or parents, or person with whom such child shall occur without the other immediately thereafter, it shall become the duty of the person required, and attendance, upon the mother at the time of the birth, the parent or parents, or person with whom such child shall occur, to make a report in writing to the Commissioner of Health, in the manner and within the time prescribed in this section, and shall be subject to the fine of Ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Cert Corrected 12-12-86 686 73½

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Raymond Paul ~~Smith~~

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept. 8/95
4. *Place of Birth, (Street and Number)* 403 N. Wolf Str.
5. *Full Name of Mother,* Louisa ~~Schmitt~~ Smith
6. *Mother's Maiden Name,* " Beck
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Adam ~~Schmitt~~ Smith
9. *Father's Occupation* Saloonkeeper
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough Ste.

Remarks,

8 9 5 0 0 0 6 0 5 4

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the name of the attending physician or midwife, if any, or other person who shall have been in attendance, within five days after the birth of any child, to report such birth to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 68574

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 8-91
4. *Place of Birth, (Street and Number)* 1016 Valley St.
5. *Full Name of Mother,* Elizabeth A. House
6. *Mother's Maiden Name,* " " Kerr.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Thomas J. House
9. *Father's Occupation* Salesman
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, W B Rasy MD

Address,

Remarks.

1 8 9 5 0 0 0 4 0 5 5

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the name given such child, and shall forthwith deliver to the person so required to give the same a certificate between the first and said schedule shall be delivered, duly signed, to the Commissioner of Health. In case the birth of any child third day of each month, a certificate in the form of a certificate between the first and fifteenth days of each month, and a duplicate thereof, in the manner and within the period above required, and shall have been in the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately hereafter, it shall become the duty of the person so required, and any such person or person who shall hereafter fail to comply with the provisions of this section shall be subjected to the penalty of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68575

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept. 8th
4. *Place of Birth, (Street and Number)* 1026 Hollins St
5. *Full Name of Mother,* Helena M. Hargadon
6. *Mother's Maiden Name,* Helena M. Born
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Bryan A. Hargadon Jr
9. *Father's Occupation* Brass Molder
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. M. A. Gedley

Address, 1004 W. Lexington St

Remarks,

8950006055

RETURN OF A BIRTH. 68576

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been [illegible] its sex, color, the [illegible] name and occupation of [illegible] parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) [illegible]

1. *Sex, (state whether male or female)* [illegible]
2. *Race or Color, (if not of the white race)* White race
3. *Date of Birth,* [illegible] 8th
4. *Place of Birth, (Street and Number)* [illegible]
5. *Full Name of Mother,* [illegible] Elizabeth [illegible]
6. *Mother's Maiden Name,* Maggie Elizabeth [illegible]
7. *Mother's Birthplace,* [illegible]
8. *Full Name of Father,* [illegible]
9. *Father's Occupation* Railroad
10. *Father's Birthplace,* Baltimore [illegible]

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, [illegible] East [illegible] St

Remarks,

B95U006057

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 68577

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) Second

1. *Sex*, (*State whether male or female*) Female
2. *Race or color*, (*if not of the white race*) White
3. *Date of Birth.* September 8 1895
4. *Place of Birth*, (*Street and Number*) 946 Warner st
5. *Full Name of Mother*, Maggie Hartman
6. *Mother's Maiden Name*, Maggie Wiegand
7. *Mother's Birthplace*, Germany
8. *Full Name of Father*, Louis Hartman
9. *Father's Occupation*, Driver
10. *Father's Birthplace*, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Florence B Shater

Address, 932 Warner st Md

Remarks,

8950006058

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 68578

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 7
4. *Place of Birth, (Street and Number)* Baltimore, 1155 Edmondson Ave
5. *Full Name of Mother,* Emma Dress
6. *Mother's Maiden Name,* Emma Potterlac
7. *Mother's Birthplace,* Alley Lorraine Germany
8. *Full Name of Father,* Andrew Drach
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Wolbach Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Bragg

Address, 714 N. Forest

Remarks,

8950006059

been completed, its sex, color, the full name and occupation of its parents, the date and place of birth and the name of the attendant shall be delivered, duly signed by the practitioner in the form of certificate provided by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, the parent or parents of such child or some other person shall within the period of twenty-four hours after such birth, and the third day of each and every month to the office of the Commissioner of Health, in the manner and form prescribed by the Board of Health, make a return of such birth, and in default thereof shall become the duty of the person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68579

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8st

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) wite
3. Date of Birth, 8st of September
4. Place of Birth, (Street and Number) 1808 North Dallas Street
5. Full Name of Mother, Jacoline M. Nonnsen
6. Mother's Maiden Name, Jacoline M. Münster
7. Mother's Birthplace, Holstein Germany
8. Full Name of Father, William J. Nonnsen
9. Father's Occupation Shoemaker
10. Father's Birthplace, Schleswig Germany.

Name of Medical Attendant, or other person who makes this Return, Martha A. Foutz

Address, [illegible] Saratoga st.

Remarks, Full name of child: George Nonnsen

1 8 9 5 0 0 0 5 0 6 0

Wm. J. C. Dulany Co., City Printers and Stationers.

Each concern the sex, color, the full name and occupation of its parents, the date and place of birth; and the name and address of the physician or midwife, if any, present at the birth, shall be delivered, duly signed, to the said schedule shall be delivered, duly signed, to the proper Commissioner in the form of a certificate between the first and third day of each and every month, to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practiconer of midwifery, or the person or parents of such child to report its birth to the Commissioner, it shall be the duty of the person or parents of such child to report its birth to the Commissioner, in the manner and within the period above required, and any such person or persons who shall wilfully or negligently fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 68580

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or female)* [redacted]
2. *Race or color, (if not of the white race)* [redacted]
3. *Date of Birth,* [redacted]
4. *Place of Birth, (Street and Number)* Uniform Ave
5. *Full Name of Mother,* Rebecca Hall
6. *Mother's Maiden Name,* Rebecca Hall
7. *Mother's Birthplace,* [redacted]
8. *Full Name of Father,* Lawrence G. Johnson
9. *Father's Occupation,* Saloon
10. *Father's Birthplace,* Cleveland Tenn

Name of Medical Attendant, or other person who makes this Return. Le J. Wise

Address, [redacted]

Remarks,

1895 0 0 0 6 0 6 1

Any person who shall make any occupation of its parents, the date and place of birth, and the name of the child, shall be entitled to receive from the Registrar of Vital Statistics, Board of Health, a certificate of such birth, and every person who shall be present at any birth shall within the first two days thereafter, and every midwife or other person who shall be present at any birth shall within the first three days thereafter, and every physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report the birth to the Registrar of Vital Statistics, Board of Health, in the manner and within the period above prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 68581

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 8th Sept 1895
4. *Place of Birth, (Street and Number)* 491 E Clement St
5. *Full Name of Mother,* Aurora Cannon
6. *Mother's Maiden Name,* Cannon
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Columbus Cannon
9. *Father's Occupation* Waterman
10. *Father's Birthplace,* Dorchester Co Md

Name of Medical Attendant, or other person who makes this Return, Elizabeth Yerwell

Address, 436 E Fort ave

Remarks,

8950006[illegible]2

said white tale shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Registrar of Vital Statistics, Baltimore City. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person in attendance upon the mother, immediately thereafter, to become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine or fine (ten) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68582

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Sept. 9, 1895
4. *Place of Birth, (Street and Number)* Maternité
5. *Full Name of Mother,* Ella Taylor
6. *Mother's Maiden Name,* Ella Preston
7. *Mother's Birthplace,* Annapolis Md.
8. *Full Name of Father,* William Taylor
9. *Father's Occupation* Sailor
10. *Father's Birthplace,* Annapolis, Md.

Name of Medical Attendant, or other person who makes this Return, Louise Eaton M.D. Res. Phy.

Address, Maternité Annex Med. College

Remarks, 1110 W. Hoffman St.

6950006063

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68583

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth.* September 2, 1895.
4. *Place of Birth. (Street and Number)* 285 Cedar ave.
5. *Full Name of Mother,* Mary Alice O'Shea.
6. *Mother's Maiden Name,* Reese.
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* Philip O'Shea.
9. *Father's Occupation* Machinist.
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks,

1 8 9 5 0 0 0 6 0 6 4

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the birth to the Commissioner of Health, in the manner and within the period above specified, or report of the birth shall not be made by the person or persons specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68584

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 9 1895
4. *Place of Birth, (Street and Number)* Eaiston St No 1933
5. *Full Name of Mother,* ida R Thomas
6. *Mother's Maiden Name,* ida R Litman
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Louis Thomas
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs S Kelly

Address, No 1922 Milton Ave

Remarks,

1 8 9 5 0 0 0 6 0 6 5

been conferred) its sex, color the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the certificate of the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. Any person who shall omit to do so shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the form and the information shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68585

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second,

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* September 9th

4. *Place of Birth, (Street and Number)* 906 Burley street,

5. *Full Name of Mother,* Maggie Andree,

6. *Mother's Maiden Name,* Maggie Chisholm,

7. *Mother's Birthplace,* Baltimore,

8. *Full Name of Father,* Robert Andree,

9. *Father's Occupation* Machinist,

10. *Father's Birthplace,* Baltimore,

Name of Medical Attendant, or other person who makes this Return, Mrs. J. Siemann,

Address, 1208 Hare st

Remarks,

8950006066

Wm. J. C. Dulany Co., City Printers and Stationers.

Sect. 3. Be it further ordained, that the name and residence of the parents, the date and place of birth; and the name and residence of the mother, immediately thereafter, in the manner and within the period above required, and said schedule shall be delivered, duly signed, by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons so offending, shall be considered guilty of a misdemeanor, and shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68586

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 9th
4. *Place of Birth, (Street and Number)* 15 W Cross st
5. *Full Name of Mother,* Johanette Bernhard
6. *Mother's Maiden Name,* wife
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Conrad Bernhard
9. *Father's Occupation* Glass Cutter
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return. Katie Minch

Address, 800 Leadenhall Street.

Remarks,

8 9 5 0 0 0 6 0 6 7

and a certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of the law, it shall be the duty of the person or parents of such child to report it to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68587

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 9th 1895
4. *Place of Birth, (Street and Number)* No. 1616 Madison Ave
5. *Full Name of Mother,* Rebecca Hornik
6. *Mother's Maiden Name,* Rebecca Marell Baum
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Samuel Hornik
9. *Father's Occupation* Merchant
10. *Father's Birthplace,* Cumberland Md.

Name of Medical Attendant, or other person who makes this Return. Felix Jarrell

Address, 400 Cathedral St.

Remarks,

1895 0 0 6 0 6 8

Wm. J. C. Dulany Co., City Printers and Stationers

and compelled to sex, color, the full name and occupation of its parents, the date and place of birth, and the child, if a female, shall be delivered, duly signed by the practitioner or by the person who shall have charge of the case, a certificate between the first and third day of each and every month to the office of the Commissioner of Health, which certificate between the first and shall occur within the city of Baltimore, or shall be delivered to the Commissioner of Health, in the manner provided in this section, be the duty of the person or persons who shall have charge of the case, to report the birth of any child attendance upon the mother, immediately thereafter, or shall be delivered to other persons, it shall become the duty of the person or persons who shall have charge of the case, within the period above required, and child to report its birth to the Commissioner of Health, in the manner provided in this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 1-12-59

RETURN OF A BIRTH. 68388

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Ira Brownold ~~Fader~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Septemb 9, 95
4. *Place of Birth, (Street and Number)* 1309 W. North av
5. *Full Name of Mother,* Lina Fader
6. *Mother's Maiden Name,* Lina Bromnold
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Abraham Fader
9. *Father's Occupation,* Clk
10. *Father's Birthplace,* New York

Name of Medical Attendant, or other person who makes this Return, A. Pole

Address, 203 S. Madison av

Remarks,

8950006069

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68589

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 9 September
4. *Place of Birth, (Street and Number)* Karolina Str. 719
5. *Full Name of Mother,* Mary Blažek
6. *Mother's Maiden Name,* Kestranek
7. *Mother's Birthplace,* Böhmen
8. *Full Name of Father,* Rudolf Blažek
9. *Father's Occupation* Work-man
10. *Father's Birthplace,* Böhmen

Name of Medical Attendant, or other person who makes this Return.

Address, S. Bond Str 838

Remarks, Mary Prell

8950006070

been conferred) his sex, color, the full name and occupation of its parents, the date and place of birth; and the child's name if any shall be given by the attendant in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68590

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 9th of September 95

4. Place of Birth, (Street and Number) 556 Calverton Road

5. Full Name of Mother, Auguste Müller

6. Mother's Maiden Name, Auguste Otke

7. Mother's Birthplace, Germany

8. Full Name of Father, Eduard Müller

9. Father's Occupation Labor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Friederike Keuler Midwife

Address, 2116 W Pratt St

Remarks.

8950 0 0 6 0 7 1

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, it shall become the duty of the person required, and children to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68591

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* September 9th 1895
4. *Place of Birth, (Street and Number)* 521 W. Hoffman
5. *Full Name of Mother,* Alice Jones
6. *Mother's Maiden Name,* " Ridley
7. *Mother's Birthplace,* Prince George Co. Va.
8. *Full Name of Father,* Emmitt Walter Jones
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Prince George

Name of Medical Attendant, or other person who makes this Return, Sarah E. Dent

Address, 612 Collett St

Remarks,

89500006072

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68592

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First (1st)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 1895. Ninth day of September
4. Place of Birth, (Street and Number) West of Balto County
5. Full Name of Mother, Mary C. McKay
6. Mother's Maiden Name, Mary C Tighe
7. Mother's Birthplace, Spring Gardens Balto Co Md
8. Full Name of Father, John T. McKay
9. Father's Occupation Balto County Police Officer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs Bangle

Address, 711 N. Gross St

Remarks,

8950006073

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and tenth days of each month, to the Commissioner of Health, for some district of Baltimore City, in which the birth shall occur within the same month of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the conditions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other dues and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68593

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 9/95
4. Place of Birth, (Street and Number) 304 S. Chappels Str.
5. Full Name of Mother, Nora Mc Donalds
6. Mother's Maiden Name, Meehle
7. Mother's Birthplace, Englands
8. Full Name of Father, William Mc Donalds
9. Father's Occupation Laborer
10. Father's Birthplace, Englands

Name of Medical Attendant, or other person who makes this Return, Mrs. Dierentofer

Address, 2225 Hough St.

Remarks,

8 4 5 0 0 0 6 0 7 4

Wm. J. C. Dulany Co., City Printers and Stationers.

When a child is born, it shall be the duty of the attending physician, or midwife, or other person who shall be in attendance at the birth, to report the birth to the office of the Commissioner of Health, in the manner and within the period above required, and said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or other person or persons, it shall become the duty of the parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 685-94

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. Sex, (State whether male or female) Male. - Harry R. Engel.
2. Race or color, (if not of the white race) White.
3. Date of Birth, 9th september.
4. Place of Birth, (Street and Number) Bartlett st # 308.
5. Full Name of Mother, Mrs. Rosa ~~Lam~~ Engel.
6. Mother's Maiden Name, Rosa Caro.
7. Mother's Birthplace, London England.
8. Full Name of Father, Mr. Louis Engel.
9. Father's Occupation, Express Business.
10. Father's Birthplace, Rushia Poland.

Name of Medical Attendant, or other person who makes this Return. Mrs Mary Pettler

Address, 1005 Cross Street

Remarks, Full name of child added by mother upon applying for a transfer of Mar Rose Engel to Office Birth Index Clerk

Mrs Pettler
Midwife

July 10-1930

RETURN OF A BIRTH. 68595

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 10 September
4. *Place of Birth, (Street and Number)* No S. Bond str. 709
5. *Full Name of Mother,* Mari Pilachovsky
6. *Mother's Maiden Name,* Augustinak
7. *Mother's Birthplace,* Pole
8. *Full Name of Father,* Frank Pilachovsky
9. *Father's Occupation* workman
10. *Father's Birthplace,* Pole

Name of Medical Attendant, or other person who makes this Return, Mari Prell

Address, S. Bond str. 838

Remarks,

8950006076

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, the person present is hereby required to report such birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 6-21-57

RETURN OF A BIRTH. 68596

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

John Roy Warner

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first,

1. Sex, (state whether male or female) male,
2. Race or Color, (if not of the white race) white,
3. Date of Birth, Sept. 10th 95.,
4. Place of Birth, (Street and Number) # 711 ~~Southwest~~ Portland St.,
5. Full Name of Mother, Courtney Warner,
6. Mother's Maiden Name, Courtney Fowler,
7. Mother's Birthplace, Baltimore Md.,
8. Full Name of Father, John Clarence Warner,
9. Father's Occupation Cigar maker,
10. Father's Birthplace, Frederick County Md.,

Name of Medical Attendant, or other person who makes this Return. J. F. Hempfl, M.D.,

Address, 1103 Valley St.,

Remarks,

8950006077

Sec. 2. Be it further ordained, that the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month, to the Owner, agent or clerk of the house in which the child shall have been born, if there be a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section, shall be and shall be adjudged to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 8-23-57

RETURN OF A BIRTH. 6859

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Elizabeth Dora ~~Formoflen~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Sep. 10 — 1895
4. Place of Birth, (Street and Number) 307 S. Eden St
5. Full Name of Mother, Louise Formollen
6. Mother's Maiden Name, Gromon
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Formollen
9. Father's Occupation Cabinet Maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who made this Return. Mary Stein

Address, 1427 E. Pratt St.

Remarks,

1895006078

Wm. J. C. Dulany Co., City Printers and Stationers.

This Return, when signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons in such family, or the occupant of the house, to give notice of the birth, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68598

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Sept. 10 1895
4. Place of Birth, (Street and Number) 106 S. Bethel St.
5. Full Name of Mother, Ida Ferguson
6. Mother's Maiden Name, Webb
7. Mother's Birthplace, Virginia
8. Full Name of Father, James Ferguson
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return Mary Stein

Address, 1427 E. Pratt St.

Remarks,

1 8 9 5 0 0 0 6 0 7 9

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] third day of each and every month to the office of the Commissioner of Health, in the form of a certificate between the first and shall occur without the attendance of a physician or practioner of midwifery, or shall be attended by any other person than a attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 7-27-56

RETURN OF A BIRTH. 68899

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Lucy Adella ~~Hatch~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 10 – 1895
4. Place of Birth, (Street and Number) 7 Cottage Ave
5. Full Name of Mother, Margerett A Hatch
6. Mother's Maiden Name, Margerett A. Kopp
7. Mother's Birthplace, Pennsylvania
8. Full Name of Father, Geo W. Hatch
9. Father's Occupation, Clerk
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return. Dr Theodore Cooke Dayton

Address, 914 No Charles St.

Remarks,

8 9 5 0 0 0 6 0 8 0

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or certificate of a regular practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

—J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 68600

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* September 10, 1895.
4. *Place of Birth, (Street and Number)* 337 Elm ave.
5. *Full Name of Mother,* Sarah Catherine Whalen.
6. *Mother's Maiden Name,* Childs.
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* James Walter Whalen.
9. *Father's Occupation* Mill operative.
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return, Edson H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks,

1 8 9 5 0 0 0 6 0 8 1

been collected, his sex, color, by-name and occupation of his parents, he, she, or any person of lawful age, to said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall become the duty of the person or persons in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68601

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) IIII

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept. 10/95
4. *Place of Birth, (Street and Number)* 129 N. Bedford Ste.
5. *Full Name of Mother,* Mary Weber
6. *Mother's Maiden Name,* " Hamburger
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Joseph Weber
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough Ste.

Remarks,

8950006082

J. C. Dulany Co., City Printers and Stationers.

Attendance upon the mother is also deemed a case of practice, and should no other person or physician be present, the person or persons who shall have charge of the child immediately after its birth, or within the first twenty-four hours thereafter, is hereby required to make the return of the birth, or cause the same to be made, and any such person or persons who shall neglect or refuse to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68602

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 10/95
4. Place of Birth, (Street and Number) 595 S. Rose Str.
5. Full Name of Mother, Karolina Ginser
6. Mother's Maiden Name, " Krauss
7. Mother's Birthplace, Balto.
8. Full Name of Father, George Ginser
9. Father's Occupation Laberer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 225 Gough St

Remarks,

8950006083

This Return shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of any person who shall after such birth, take charge of such child, or any other person who shall be the nearest relative of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

...schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68603

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) II Frederick William Link

1. *Sex,* (*state whether male or female*) Boy

2. *Race or Color,* (*if not of the white race*) White

3. *Date of Birth,* Sept. 10/95

4. *Place of Birth,* (*Street and Number*) 2004 Canton Ave.

5. *Full Name of Mother,* Barbara Link

6. *Mother's Maiden Name,* " Bastnagel

7. *Mother's Birthplace,* South Carolina

8. *Full Name of Father,* John Link

9. *Father's Occupation* Tinner

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough St.

Remarks, name added March 24-1935 g

Frederick W. Link Frederick W. Link

50005084

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68604

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) V

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 10 95
4. Place of Birth, (Street and Number) 1815 N. Fayette Ste.
5. Full Name of Mother, Kathie Schnette
6. Mother's Maiden Name, Falk
7. Mother's Birthplace, Balto.
8. Full Name of Father, Henry F. Schnette
9. Father's Occupation Laberer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Eisenhofer

Address, 2225 Gough St

Remarks,

8950006085

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person so attending such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person who shall neglect or fail to comply with the provisions of this section shall be subject to the fine or ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68605

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether~~ 1st, ~~2d, 3d, &c.~~) _____

1. *Sex,* (~~state whether~~ male ~~or female~~) _____
2. *Race or Color,* (~~or~~ not of the white race) Colored
3. *Date of Birth,* Sep 10 1895
4. *Place of Birth,* (*Street and Number*) 931 Pearce St
5. *Full Name of Mother,* Jennie Watkins
6. *Mother's Maiden Name,* Green
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* John Watkins
9. *Father's Occupation,* Waiter at Brexton
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, Pearce Kintzing MD

Address, 601 N Franklin St

Remarks, This woman was a primipara at the advanced age of 44 years and has been married according to her marriage certificate 18 years and 8 months 6

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child forthwith to give notice of such birth, by verbal or written notice, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, for each offense, to be recovered as other fines and forfeitures are recoverable.

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 68606

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth. 10th Sept.
4. Place of Birth, (Street and Number) 831 N. Front.
5. Full Name of Mother. Maggie Keating
6. Mother's Maiden Name. Maggie McCarty.
7. Mother's Birthplace, Ireland
8. Full Name of Father, Willie Keating
9. Father's Occupation Tinsmith
10. Father's Birthplace. Ireland.

Name of Medical Attendant, or other person who makes this Return. Mrs. J. Frank Hutchinson

Address, 1417 E. Eager St.

Remarks,

1 8 9 5 0 0 0 6 0 8 7

Wm. J. C. Dulany Co., City Printers and Stationers.

Said each of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall be the duty of the father or mother of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68607

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Sept 10th 1895
4. Place of Birth, (Street and Number) 529 Roland Ave Hampden
5. Full Name of Mother, Mary Ann Evans
6. Mother's Maiden Name, Mary Ann Leather
7. Mother's Birthplace, Frederick Co. Md.
8. Full Name of Father, Amos Agra Evans
9. Father's Occupation, Carpenter
10. Father's Birthplace, Carroll Co. Md.

Name of Medical Attendant, or other person who makes this Return, Geo. T. Shower, M.D.

Address, 421 Roland Ave. Hampden

Remarks,

1895006088

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur with no attendant, or if a midwife or other person shall be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons in such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 68608

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 10, 1895
4. Place of Birth, (Street and Number) 1324 Hollins st.
5. Full Name of Mother, Sadie A. V. Downey
6. Mother's Maiden Name, Lancaster
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Harry L. V. Downey
9. Father's Occupation, Commission Merchant
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. John Hood M.D.

Address, 16 S. Eutaw st.

Remarks,

8950 0 0 4 0 8 9

and be, or give small be recovered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, or in the absence of the parents, of the person in charge of the house in which such child shall be born, duly to report its birth to the Commissioner of Health, in the manner and within the time specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 68609

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 10th Sept 1895
4. Place of Birth, (Street and Number) 1009 E Fort Ave
5. Full Name of Mother, Sophia Baltzinden
6. Mother's Maiden Name, Schaffner
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles E Baltzinden
9. Father's Occupation Laborer
10. Father's Birthplace, Carroll Co Md

Name of Medical Attendant, or other person who makes this Return, Elizabeth Greswell

Address, 436 E Fort Ave

Remarks.

8950805890

Wm. J. C. Dulany Co., City Printers and Stationers.

One copy of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the person or parents of such child, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

(OVER)

RETURN OF A BIRTH. 68610

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: George ~~H Hengler~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 10th of September 95
4. *Place of Birth, (Street and Number)* 220 Fulton Av.
5. *Full Name of Mother,* Ernstine Hengler
6. *Mother's Maiden Name,* Ernstine Gleim
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Georg Hengler
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Friedericke Keuler Midwife

Address, 2116 W Pratt St

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68611

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 10 September
4. *Place of Birth, (Street and Number)* 1628
5. *Full Name of Mother,* Anna Brajs
6. *Mother's Maiden Name,* Radky
7. *Mother's Birthplace,* Pole
8. *Full Name of Father,* John Brajs
9. *Father's Occupation* Workman
10. *Father's Birthplace,* Pole

Name of Medical Attendant, or other person who makes this Return.

Address, Mary Pritt

Remarks, S. Bond St. 838

8 4 5 0 0 0 6 0 9 2

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health. In answer to which the person so required, and only such person, who shall hereafter fail to comply with the provisions of this section, or shall be guilty of a false report, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68612

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth. September 11 1895
4. Place of Birth, (Street and Number) 40[illegible] N Green St
5. Full Name of Mother, Jennie Hare Waddell
6. Mother's Maiden Name, Ireland
7. Mother's Birthplace, Ireland
8. Full Name of Father, Frank Hare
9. Father's Occupation Engineer
10. Father's Birthplace, Balto Co Md

Name of Medical Attendant, or other person who makes this Return, W B Hawkins

Address, Cor Green & Mulberry St

Remarks, 1895006093

Wm. J. C. Dulany Co., City Printers and Stationers.

Every day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, it shall be the duty of the person or parents of such child, to report the birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother or child immediately thereafter it shall become the duty of the person or persons who shall have charge of such child, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall have neglected to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68613

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 11 1895
4. Place of Birth, (Street and Number) 211 N. High St.
5. Full Name of Mother, Annie Glass
6. Mother's Maiden Name, Annie Fine
7. Mother's Birthplace, Russia
8. Full Name of Father, Jacob Glass
9. Father's Occupation Cigar maker
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Finsberg

Address, 27 Lloyd St.

Remarks,

8950006094

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, the parent or parents, or other person having the care of such child or present at the birth, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68614

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Twin

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 11
4. Place of Birth, (Street and Number) 639 W. Matt st
5. Full Name of Mother, Mrs. Nate Frank
6. Mother's Maiden Name, Miss " Brauer
7. Mother's Birthplace, City Baltimore City
8. Full Name of Father, Mr. George W. Frank
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mrs Lodley

Address, ~~W. Fortagne st~~ 1004 West Lexington st

Remarks,

8950006095

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately after a person shall become aware of such birth, the person or parents of such child to report its birth to the Commissioner of Health, is the nearest and within the period above required, and every such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68615

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex. (state whether male or female) Male
2. Race or Color. (if not of the white race) White
3. Date of Birth, Sept. 11th 1895
4. Place of Birth, (Street and Number) 1212 N. Bradford
5. Full Name of Mother, Zena St. Clair Marsh
6. Mother's Maiden Name, " " Kearney
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, William L. Marsh
9. Father's Occupation Clerk B. & O. R. R.
10. Father's Birthplace. Baltimore County Md.

Name of Medical Attendant, or other person who makes this Return, J. Harvey Hellman

Address, 807 N. Gallup St.

Remarks,

8 9 5 0 0 0 6 0 9 6

Wm. J. C. Dulany Co., City Printers and Stationers.

day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68616

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) IX

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 11/95
4. Place of Birth, (Street and Number) 310 S. Spring Str.
5. Full Name of Mother, Mary Meyers
6. Mother's Maiden Name, " Lotz
7. Mother's Birthplace, Germany
8. Full Name of Father, Wm. P. Meyers
9. Father's Occupation Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. Mrs. Deisenhofer

Address, 2225 Gough Str.

Remarks,

8 9 5 0 0 0 6 0 9 7

Wm. J. C. Dulany Co., City Printers and Stationers.

Within ten days after the birth of any child, any midwife, or any other person in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of any physician or practitioner of midwifery, or should no other person be in attendance, the mother, immediately thereafter, is shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above prescribed and any such person or persons who shall have neglected or refused to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68617

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) IX

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept. 11/95
4. *Place of Birth, (Street and Number)* 1613 N. Wolf Str.
5. *Full Name of Mother,* Emilie Hansge
6. *Mother's Maiden Name,* " Brandt
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* William Hanoge
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Leisenhofer

Address, 2225 Gough Str

Remarks,

8950006098

[illegible] signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68618

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 th.

1. *Sex, (state whether male or female)* male.

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* 11 Sep 1895.

4. *Place of Birth, (Street and Number)* 232 Boston st.

5. *Full Name of Mother,* Michalina Martinkofski

6. *Mother's Maiden Name,* Schankofski

7. *Mother's Birthplace,* Germany.

8. *Full Name of Father,* Frans Martinkofski

9. *Father's Occupation* Labrer.

10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return, Mrs P. Liesemann.

Address, 1208 Hare st.

Remarks,

8950006099

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68619

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) [redacted]

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, September 14 1898 11th 1898
4. Place of Birth, (Street and Number) 1433 Brant
5. Full Name of Mother, Mary Liza Baltie
6. Mother's Maiden Name, " " Butler
7. Mother's Birthplace, St Mary Co Md
8. Full Name of Father, Henry Baltie
9. Father's Occupation Laborer
10. Father's Birthplace, Halifax Co N.C.

Name of Medical Attendant, or other person who makes this Return, Sarah E. Dot

Address, 612 Collett St

Remarks,

1895000061 00

Wm. J. C. Dulany Co., City Printers and Stationers.

Every day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur within the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above prescribed; any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68620

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 2

1. *Sex*, (*state whether male or female*) Boy
2. *Race or Color*, (*if not of the white race*) White
3. *Date of Birth*, 11 September
4. *Place of Birth*, (*Street and Number*) 1639 Eastern Avenue
5. *Full Name of Mother*, Stanislava Kawva
6. *Mother's Maiden Name*, Lechrt
7. *Mother's Birthplace*, Pole
8. *Full Name of Father*, Branislav Kawva
9. *Father's Occupation* Workman
10. *Father's Birthplace*, Pole.

Name of Medical Attendant, or other person who makes this Return Mary Bell

Address, S. Bond st. 838

Remarks,

1 8 9 5 0 0 0 6 1 8 1

Wm. J. C. Dulany Co., City Printers and Stationers.

Failure to file all — delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person or persons in charge of such child or mother to make and deliver, or cause to be made and delivered, a certificate of such birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CERTIFICATE CORRECTED 10-9-57

RETURN OF A BIRTH. 68621

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Minnie Susanna Bailey

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Sept. 12. (12. 15. P.M.) 1895
4. Place of Birth, (Street and Number) 1121 Druck St
5. Full Name of Mother, Mary Augusta Bailey Bailey
6. Mother's Maiden Name, Faithner
7. Mother's Birthplace, Balto Md.
8. Full Name of Father, Charles Franklin Bailey Bailey
9. Father's Occupation, Painter
10. Father's Birthplace, Balto Md.

Name of Medical Attendant, or other person who makes this Return. Mrs. M. Hamm for the

Address, Mother's Relief Society, 632 E. Fremont Ave.

Remarks,

1895000610 2

Shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person so in attendance upon such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68622

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept. 12/95
4. *Place of Birth, (Street and Number)* 2165 Eastern Ave.
5. *Full Name of Mother,* Mamie Schmitt
6. *Mother's Maiden Name,* Dambert
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Jacob Schmitt
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Dreisenhofer

Address, 2225 Gough St

Remarks,

8950006103

Wm. J. C. Dulany Co., City Printers and Stationers.

Third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall not be reported as above, or within one month after its birth, the attending or other person or persons who shall neglect or refuse to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68623

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 12th September
4. *Place of Birth, (Street and Number)* 1434 Bedford St
5. *Full Name of Mother,* Kate Radcliffe
6. *Mother's Maiden Name,* Kate Murphy
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Linn Carlestein
9. *Father's Occupation* Grocer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Cunningham

Address,

Remarks,

0 4 5 0 0 0 6 1 0 4

Wm. J. C. Dulany Co., City Printers and Stationers.

...etc. and every month in ... office of the Commissioner of Health. In case the birth of any child ... by any person or persons other than a physician or practitioner of midwifery, or should no other person ... be in attendance at the birth, then the person or persons in charge of such ... shall cause without the attendance of a physician or practitioner of midwifery, or should no other person ... shall become the duty of the person or persons in charge of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, the Commissioner of Health, in the manner and within the period above required, and child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68624

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Sept. 12 — 1895
4. Place of Birth, (Street and Number) 1528 E. Pratt St.
5. Full Name of Mother, Kate Schneider
6. Mother's Maiden Name, Frank
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Fredrich Schneider
9. Father's Occupation Tinner
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return Mary Stein

Address, 1427 E. Pratt St.

Remarks, 1895 0006105

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] of the [illegible] of a physician or midwife, or the assistance of midwifery, or the presence of any person be in attendance upon the mother, immediately before or after the birth, in the manner prescribed by the rules and regulations of the Board of Health, in the manner prescribed by the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, the parent, if still living, of the person so delivered, or the parent of such child to report its birth to the Commissioner of Health, in the manner and within the period hereinbefore prescribed, any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68625

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth.* Sept. 12. 1890
4. *Place of Birth, (Street and Number)* # 929 Franklin Road
5. *Full Name of Mother,* Bertha Gerken
6. *Mother's Maiden Name,* Bertha Brandt
7. *Mother's Birthplace.* Baltimore City
8. *Full Name of Father.* Herman Gerken
9. *Father's Occupation* Dairy man
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Edwin Barnick M.D.

Address, # 2841 Rayner Ave.

Remarks,

8950606106

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68626

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Sept. 12 — 1895
4. *Place of Birth, (Street and Number)* 129 S Central Ave
5. *Full Name of Mother,* Minna Beigel
6. *Mother's Maiden Name,* Denne
7. *Mother's Birthplace,* Baltimore
8. *Fult Name of Father,* Paul Beigel
9. *Father's Occupation* Cooper
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Harry Stein

Address, 429 E. Pratt St.

Remarks,

18950006107

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person, one period of such child to report its birth to the Commissioner of Health. In every case, and within the period above required, and any such Person or Persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 68627

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, 12. September 1895
4. Place of Birth, (Street and Number) 113 Stafford Street
5. Full Name of Mother, Julia Stahle
6. Mother's Maiden Name, Julia Pausch
7. Mother's Birthplace, Germany
8. Full Name of Father, John Stahle
9. Father's Occupation, Labor
10. Father's Birthplace, York - Pa

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address, [illegible]

Remarks, 1 8 9 5 0 0 0 6 1 0 8

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, then the mother, immediately thereafter, in the manner and within the period above required, and each person present at such birth, shall become the duty of the person or persons of such city to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 68628

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 12th 1894
4. *Place of Birth, (Street and Number)* 1820 N. Lombard St
5. *Full Name of Mother,* Ella Burdette
6. *Mother's Maiden Name,* Ella Harris
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* John Burdette
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return. J. E. Shinn Mid.

Address,

Remarks,

third day of each and every month to a police of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should the mother be unable to give the attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68629

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 5-th.

1. *Sex*, (*state whether male or female*) Male
2. *Race or Color*, (*if not of the white race*)
3. *Date of Birth*, Sept. 12/95
4. *Place of Birth*, (*Street and Number*) 1545 Fulton Ave.
5. *Full Name of Mother*, Martha E. Gingling
6. *Mother's Maiden Name*, Ward.
7. *Mother's Birthplace*, Carroll Co. Md.
8. *Full Name of Father*, McHenry H. Gingling
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace*, Baltimore Co. Md.

Name of Medical Attendant, or other person who makes this Return, J. H. Grashaw M.D.

Address, 1801 Madison Ave

Remarks,

8450-04110

Wm. J. C. Dulany Co., City Printers and Stationers.

Shall any ... shall every ... without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother at the time of birth, but some one shall within the period above required, and child to report its birth to the Commissioner of Health, but some one shall become the duty of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 608 630

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 12 Feb. 1895
4. *Place of Birth, (Street and Number)* 1 W. 14 Gilmor st.
5. *Full Name of Mother,* Emma Hawkins
6. *Mother's Maiden Name,* Emma Guellein
7. *Mother's Birthplace,* York Pa
8. *Full Name of Father,* Jos. T. Hawkins
9. *Father's Occupation* Welcomer
10. *Father's Birthplace,* N. H.

Name of Medical Attendant, or other person who makes this Return. Wm. M. C. Cuney

Address, 905 Druid Hill Ave.

Remarks, Baltimore City.

8950006111

Wm. J. C. Dulany Co., City Printers and Stationers.

Any and every person who shall be a member of the Board of Health, or any physician or practitioner of midwifery, or should no other person be in attendance, the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period prescribed by law, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68631

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, September the 13-18-99
4. Place of Birth, (Street and Number) Milholland st No 19.25
5. Full Name of Mother, Selena Lee
6. Mother's Maiden Name, Selena wolf
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Lee
9. Father's Occupation Clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs S Kelley

Address, No 1922 Milliams Ave

Remarks,

1 8 9 5 0 0 0 6 1 1 2

I hereby certify that every birth in the case of the human object of this return, it may be a live or dead child, shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, shall become the duty of the person or persons present to report such birth to the Commissioner of Health, in the manner provided by the rules and regulations of the Board of Health, and shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68632

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 12/95
4. *Place of Birth, (Street and Number)* 1228 Highland
5. *Full Name of Mother,* Bessie Shie
6. *Mother's Maiden Name,* " Feibel
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Jacob Shie
9. *Father's Occupation* Salesman
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Edward W. Dell

Address, 208 Aisquith st

Remarks,

1895 0006113

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person so required, and such person or persons who shall have charge or care of such child to report its birth to the Commissioner of Health, who shall be empowered to require such person or persons to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68633

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Ruth M Stumpf

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) with
3. Date of Birth, 13 Septmber
4. Place of Birth, (Street and Number) 505 N. Chester Street
5. Full Name of Mother, Mrs Alvina Stumpf
6. Mother's Maiden Name, — — Kolb
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Mrs Johan Stumpf
9. Father's Occupation, Papper Dealer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs H. Kron Midwife

Address, 1922 E. Fayette Street

Remarks.

1895000611 4

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, the mother shall be the person to make the return of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68634

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.

Name Wallace Harley Snyder

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 13 of September 1895.
4. Place of Birth, (Street and Number) 2226 Fairmont Place
5. Full Name of Mother, Elisabeth (Inciter) Snyder
6. Mother's Maiden Name, Elisabeth Rity
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John (Inciter) Snyder
9. Father's Occupation, Butcher
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Ida Hille

Address, 207 N Castle St

Remarks, 1 1 1

1895000611 5

Wm J C. Dulany Co., City Printers and Stationers.

Illegal to make false statement or alteration in this Return, or to deface or destroy it, or to neglect or refuse to make it when required, or to perform any other duty required by the Board of Health, or any of its officers, or to interfere with the officers in the discharge of their duties, or to violate any other provision of the Health Laws of Baltimore. Any person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68635

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sep 13th 1895
4. Place of Birth, (Street and Number) 2011 Md Av
5. Full Name of Mother, Harriett S. Watkins
6. Mother's Maiden Name, Harriett S. Strong
7. Mother's Birthplace, Balto
8. Full Name of Father, Jos H. Watkins
9. Father's Occupation, Auditor
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Theodore Cooke M.D. per Daige

Address, 914 N. Charles St.

Remarks,

8950006116

day of each and every month at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 68636

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Sept 13th 1895
4. *Place of Birth, (Street and Number)* 715 N Centre Ave
5. *Full Name of Mother,* Evelin Burger
6. *Mother's Maiden Name,* Evelin Smith
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Wm Burger
9. *Father's Occupation,*
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Geo B. Reynolds M.D.

Address, 711 N Calvert St

Remarks,

8 9 5 0 0 0 6 1 1 7

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68637

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VIII

1. *Sex, (state whether male or female)* Girls
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept. 13/95
4. *Place of Birth, (Street and Number)* 2011 N. Lombard Ste.
5. *Full Name of Mother,* Annie Velte
6. *Mother's Maiden Name,* " Pfeifer
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Charles Velte
9. *Father's Occupation* Painter
10. *Father's Birthplace,* Pittsburg. (Pa.)

Name of Medical Attendant, or other person who makes this Return, Mrs. Dorenhofer

Address, 2225 Gough St.

Remarks,

8950006118

Wm. J. C. Dulany Co., City Printers and Stationers.

Blank forms will be furnished every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person so required to report such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68638

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Sept. 13. (11. 30. P. M.)
4. Place of Birth, (Street and Number) 1523 Hanselman St.
5. Full Name of Mother, Christine Köhler,
6. Mother's Maiden Name, Bauer.
7. Mother's Birthplace, Rinda - Kreis Cassel - Germany.
8. Full Name of Father, Rudolf Johannes Daniel Köhler.
9. Father's Occupation, Butcher,
10. Father's Birthplace, Rebgeshain - Oberhessen - Germany.

Name of Medical Attendant, or other person who makes this Return. Mrs. Bitzand,

Address, 632. N. Fremont Ave.

Remarks,

8 4 5 0 0 8 6 1 1 9

Any person without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 68639

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth.* 13 Sept 1895
4. *Place of Birth, (Street and Number)* 1005 E Lombart st
5. *Full Name of Mother,* Agathe Bauman
6. *Mother's Maiden Name,* Agathe Schweikart
7. *Mother's Birthplace,* Leitishofen, Baden, Germanie
8. *Full Name of Father,* Frank Bauman
9. *Father's Occupation,* Restrenthier
10. *Father's Birthplace,* Forchheim Baden Germanie

Name of Medical Attendant, or other Person who makes this Return Anna Schweikart

Address, No. 1005 E Lombart st

Remarks, none

T 8 9 5 0 0 0 5 1 2 0

Certificate between the first and third day of each and every month to the Board of Health. In case the birth of any child shall not have been reported to a midwife or a medical attendant, the father or mother shall go other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner and within the period above required, except in the cases of the births and deaths of illegitimate children, and still-born or dead-born children, in which cases the record of the birth and death of such children shall be reported as other births are reported, to be reported as other births are reported.

..., CITY PRINTERS AND STATIONERS.

RETURN OF BIRTH. 68640

GIVEN [illegible] 6/22/61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Robert Lee Porter

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* wht
3. *Date of Birth,* Sept 13. 1895 4. a. m.
4. *Place of Birth, (Street and Number)* 1425 John St
5. *Full Name of Mother,* Mary E Porter
6. *Mother's Maiden Name,* " " Roche
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Robert Lee Porter
9. *Father's Occupation* Brick Layer
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, C. Lane Pennyhill

Address, 1103 Madison ave

Remarks,

1895 0006121

Each day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should any other person in attendance upon the mother, immediately thereafter, fail to make return of the birth of such child as report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68641

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 14 1895
4. *Place of Birth, (Street and Number)* Port st 622
5. *Full Name of Mother,* Lena Seimkuhler
6. *Mother's Maiden Name,* Rattman
7. *Mother's Birthplace,* Germen
8. *Full Name of Father,* Albert Seimkuhler
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Germen

Name of Medical Attendant, or other person who makes this Return, Mary Hopkins

Address, N Washington st 205

Remarks,

8950006122

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the fact to the Commissioner of Health, in the manner and within the period prescribed, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68642

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) V

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 14/95
4. Place of Birth, (Street and Number) 104 N. Bradford Str.
5. Full Name of Mother, Annie Maytarnek
6. Mother's Maiden Name, " Ruben
7. Mother's Birthplace, Balto.
8. Full Name of Father, Edward Maytarnek
9. Father's Occupation Barkeeper
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2223 Gough St.

Remarks, 7.

8950006123

Wm. J. C. Dulany Co., City Printers and Stationers.

Shall have a fine not less than ten (10) dollars nor more than one hundred (100) dollars, or be imprisoned not less than one (1) month nor more than six (6) months, or both, at the discretion of the court. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons so attending, or in default thereof, the mother, to give notice of such birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68643

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 14/95
4. Place of Birth, (Street and Number) 927 Chesapeake Str.
5. Full Name of Mother, Annie Kerte
6. Mother's Maiden Name, " Korb
7. Mother's Birthplace, Virginia
8. Full Name of Father, Geo. Kerte
9. Father's Occupation Laterer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough St.

Remarks,

8 9 5 0 0 0 6 1 2 4

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall become the duty of the parent or parents of such child to give information of the birth. It shall become the duty of the parent or parents of such child, in case there be no other person in the city of Baltimore who shall have attended within the period above specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be and are subjected to the fine of twenty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68644

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) female
2. Race or Color. (if not of the white race) white
3. Date of Birth. May 4 1910
4. Place of Birth, (Street and Number) 2010 Pennsylvania Ave.
5. Full Name of Mother, Betty Brailey
6. Mother's Maiden Name, Betty Frank
7. Mother's Birthplace, Carroll Co. Md.
8. Full Name of Father, Charles W. Brailey
9. Father's Occupation Moulder
10. Father's Birthplace, Mount Washington

Name of Medical Attendant, or other person who makes this Return. Mrs. D. Smith Midwife

Address, 1417 E. Eager St.

Remarks,

1 8 9 5 0 0 0 6 1 2 5

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above stated; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68645

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) E

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* September 14, 1896.
4. *Place of Birth, (Street and Number)* 2828 Huntingdon ave.
5. *Full Name of Mother,* Bessie May Taylor.
6. *Mother's Maiden Name,* Burns.
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* Marion Holland Taylor.
9. *Father's Occupation* Conductor (electric car).
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return, Chas. A. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks,

1895000 6126

Third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68646

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex; (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 14 1895
4. *Place of Birth, (Street and Number)* 838 Gremby St
5. *Full Name of Mother,* Jessie Bloomberg
6. *Mother's Maiden Name,* Jessie Wolf
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Harry Bloomberg
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Finsberg

Address, 27 Lloyd St.

Remarks,

8950006127

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately after the birth, who shall be a person of reputed or known ability, or who shall neglect or refuse to make the return of birth, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68647

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 14 1895
4. *Place of Birth, (Street and Number)* Castle st 42
5. *Full Name of Mother,* Francy Musil
6. *Mother's Maiden Name,* Klesserova
7. *Mother's Birthplace,* Bohaimer
8. *Full Name of Father,* Joseph Musil
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Bohaimer

Name of Medical Attendant, or other person who makes this Return. Mary Hopter

Address, N Washington st No 205

Remarks,

8950006128

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother immediately preceding, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period of time prescribed; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68 648

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 9-11-95

4. Place of Birth, (Street and Number) 1314 Valley St.

5. Full Name of Mother, Lotte M. Reardon

6. Mother's Maiden Name, " " Donahue

7. Mother's Birthplace, Md.

8. Full Name of Father, James B. Reardon

9. Father's Occupation, Stone cutter

10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return. W B Rennie M.D.

Address.

Remarks.

1895 00 06 129

Will occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, it shall be the duty of the person so practising midwifery, whether it shall become the duty of the person so practising midwifery, or such person in attendance upon the mother, immediately after the birth of the child to report to the Commissioner of Health, in the manner and with the particulars required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons so neglecting or refusing to comply with the provisions of this section shall be subject to the fine of ten (10) dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68649

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 14 1895
4. Place of Birth, (Street and Number) 1269 Lexington st
5. Full Name of Mother, Minnie Huseman
6. Mother's Maiden Name, Hamilton
7. Mother's Birthplace, Balto
8. Full Name of Father, Thos H B Huseman
9. Father's Occupation Driver
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Alice Wooden

Address, 1002 E Lafayette st

Remarks, Twin to 5192 Wang

1 8 9 5 0 0 0 4 1 3 0

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68650

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Nellie ~~M.~~ Ward

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 14. Sept
4. *Place of Birth, (Street and Number)* 1128 Baxter St.
5. *Full Name of Mother,* Ellen Ward
6. *Mother's Maiden Name,* Ellen Monett
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Michael Ward
9. *Father's Occupation* Saloon Keeper
10. *Father's Birthplace,* New York

Name of Medical Attendant, or other person who makes this Return, Mrs. D. Bird Midwife.

Address, 1417 E. Eager St.

Remarks,

8950006131

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance, the mother immediately thereafter is shall become the duty of the person or persons of such age, who shall be in the room or house at the time of such birth, to report the birth to the Commissioner of Health within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 1/10/66

RETURN OF A BIRTH. 68651

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: IDA GERTRUDE ~~JONES~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, September 14 1895
4. Place of Birth, (Street and Number) North Wolfe St. 1924
5. Full Name of Mother, Ida M. Jones
6. Mother's Maiden Name, Fearnsley
7. Mother's Birthplace, Edward Jones
8. Full Name of Father, Bricklayer
9. Father's Occupation, Balto.
10. Father's Birthplace, Ulrich & Sellwell
Name of Medical Attendant, or other person who makes this Return, 1438 Old Bond St.
Address,
Remarks,

8950006132

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, the person in charge of the premises where such birth shall occur, is hereby required, and it shall become the duty of the person in charge of such premises, and within the period of five days after such birth, to report its birth to the Commissioner of Health, in the manner and form prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report to the Board of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 68652

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 4

1. *Sex,* (*state whether male or female*) Female
2. *Race or Color,* (*if not of the white race*) W
3. *Date of Birth,* 8-14-95
4. *Place of Birth,* (*Street and Number*) 263 Rodgers Ave
5. *Full Name of Mother,* Rosa Glazer
6. *Mother's Maiden Name,* Rosa Weinot
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* P Glazer
9. *Father's Occupation,* Storekeeper
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Aldon Geer

Address,

Remarks,

8-9-5 8 8 8 6 1 3 3

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance, the mother, immediately thereafter, it shall become the duty of the person, or persons, in charge of such child to report its birth, in the manner prescribed in this section, to the Registrar of Vital Statistics, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68653

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 14th 95
4. *Place of Birth, (Street and Number)* 820 N. Howard St.
5. *Full Name of Mother,* Margaret Harding
6. *Mother's Maiden Name,* " " Kirschman
7. *Mother's Birthplace.* Germany
8. *Full Name of Father.* John E. Harding
9. *Father's Occupation* Upholster
10. *Father's Birthplace,* Bremen Germany

Name of Medical Attendant, or other person who makes this Return, John T. McCarthy

Address, 626 Gorgas St.

Remarks,

1895006134

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68654

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 14th Sept 1895
4. *Place of Birth, (Street and Number)* 713 Columbia Ave
5. *Full Name of Mother,* Ida Virginia Drinkwater
6. *Mother's Maiden Name,* Ida V. Ringgold
7. *Mother's Birthplace,* Kent Island, Queen Anns Co, Md
8. *Full Name of Father,* Charles Crawford H. Drinkwater
9. *Father's Occupation* Bookbinder
10. *Father's Birthplace,* Edinburgh, Scotland

Name of Medical Attendant, or other person who makes this Return, Mrs Barge

Address, 711 N. Gay st

Remarks,

8950006135

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any and every person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68655

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 15 1895
4. *Place of Birth, (Street and Number)* 814 Northwestern
5. *Full Name of Mother,* Elizabeth Stevens
6. *Mother's Maiden Name,* Elizabeth Stechmann
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Jesse Jones
9. *Father's Occupation* Bookkeeper
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, [illegible]

Remarks,

shall order without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother of such child, then and in manner and within the period above required, and shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

0950206136

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68656

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 15th of September 95
4. *Place of Birth, (Street and Number)* 2042 Frederick Road
5. *Full Name of Mother,* Ema Schäfer
6. *Mother's Maiden Name,* Emma Müller
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Georg W. Schäfer
9. *Father's Occupation* Bäcker
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Friederike Kuler Midwife

Address, 2116 W Pratt St

Remarks,

1895 0 0 1 3 7

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period prescribed, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68657

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, September 15th 1895

4. Place of Birth, (Street and Number) Bevan St. No 904

5. Full Name of Mother, Mrs Bertha Regina Winters

6. Mother's Maiden Name, Mrs " " Frank

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Henry Winters

9. Father's Occupation Bathjock

10. Father's Birthplace, Dackter

Name of Medical Attendant, or other person who makes this Return Katie Münch

Address, 800 Leadenhall Street.

Remarks,

8950006138

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person in charge of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the forfeiture of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68658

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 15, 1895.
4. *Place of Birth, (Street and Number)* 701 Ramsey Street. Balto.
5. *Full Name of Mother,* Katherine Virginia Stephan.
6. *Mother's Maiden Name,* Katherine Virginia Pegelow.
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* Harry Frederick Stephan.
9. *Father's Occupation* Cigar Maker.
10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other person who makes this Return, Mrs Bangi

Address, 711 N. Gilmore

Remarks,

1895000 5139

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the owner or parents of such child or children to report the same to the Commissioner of Health, in the manner and within the period above specified, and any such person failing to report as aforesaid, or to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68659

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 15 September
4. *Place of Birth, (Street and Number)* Anna Str. 612
5. *Full Name of Mother,* Longordya Brzoskovsky
6. *Mother's Maiden Name,* Trocha
7. *Mother's Birthplace,* Pole
8. *Full Name of Father,* Felic J. Brzoskovsky
9. *Father's Occupation* Undertaker
10. *Father's Birthplace,* Pole

Name of Medical Attendant, or other person who makes this Return, Mary Orell.

Address, S. Bond st 338

Remarks,

8950006140

Wm. J. C. Dulany Co., City Printers and Stationers.

(1) day of each and every month to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68660

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 15 1895
4. Place of Birth, (Street and Number) Bank st 1619
5. Full Name of Mother, Sophia Marvek
6. Mother's Maiden Name, Kleclik
7. Mother's Birthplace, Bohaimen
8. Full Name of Father, John Marvek
9. Father's Occupation Shoe make
10. Father's Birthplace, Bohaimen

Name of Medical Attendant, or other person who makes this Return. Mary Shapiro

Address, N Washington st 205

Remarks,

8950006141

Will occur without the attendance of a physician or practitioner of this city, or should no other person be in attendance, the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report to the Registrar of Vital Statistics, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68661

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 15th 1895
4. *Place of Birth, (Street and Number)* 119 N. Fremont
5. *Full Name of Mother,* Mary E Kratz
6. *Mother's Maiden Name,* Mary E Corbett
7. *Mother's Birthplace,* Boston Mass
8. *Full Name of Father,* John L Kratz
9. *Father's Occupation* Baker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, B F Phillips

Address, 753 W Lexington

Remarks,

1 8 9 5 0 0 0 6 1 4 2

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, the duty of the person or parents of such child to report the birth, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68662

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 6, 1895 (6 A.M.)
4. Place of Birth, (Street and Number) 634 Columbia Ave.
5. Full Name of Mother, Maggie Josefoine Newberry
6. Mother's Maiden Name, " " Stewart
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph Newberry
9. Father's Occupation, Breakman (B.&O. R.R.)
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, C. L. Nuckolds M.D.

Address, No. 702 N. Cross St.

Remarks,

Ur. KK

1895 00 36143

Wm. J. C. Dulany Co., City Printers and Stationers.

Any person who shall hereafter be a witness to any birth in this city, if the parents or other persons in attendance upon the mother immediately thereafter, shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report the birth to the Office of Vital Statistics, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68663

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 16th 1895
4. *Place of Birth, (Street and Number)* No 825 Light st. City
5. *Full Name of Mother,* Mary E. Caswell
6. *Mother's Maiden Name,* " " Wagner
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* John J. Caswell
9. *Father's Occupation* Fireman of cable car.
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. Munnicks

Address, No. 800 Leadenhall st.

Remarks,

1 8 9 5 0 0 0 6 1 4 4

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, the mother herself, or the father, or the nurse, or the person or parents of such child, or person in the house, or the person in charge of the house, shall be required immediately thereafter, it shall become the duty of the person or parents of such child, or such person or persons who shall be present, or the person in charge of the house, to give notice of the birth to the Commissioner of Health, and within the period above required and under the penalty of forfeiture of the sum of Five Dollars, to comply with the provisions of this section, which shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68664

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 16/95
4. Place of Birth, (Street and Number) 113 S. Durham Str.
5. Full Name of Mother, Louisa Preller
6. Mother's Maiden Name, " Bittner
7. Mother's Birthplace, Balto.
8. Full Name of Father, Geo. Preller
9. Father's Occupation Tailor
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough St.

Remarks,

8950006145

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68665

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 16 1895
4. Place of Birth, (Street and Number) 206 Bolton St.
5. Full Name of Mother, Wilhelmina Brafman
6. Mother's Maiden Name, Strauc
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Jakob Brafman
9. Father's Occupation, Stoff Broker
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, S. N. Ludwig, M.D.

Address, 1501 E. Eager Street,

Remarks,

8 9 5 0 0 0 6 1 4 5

Wm J. C. Dulany Co., City Printers and Stationers.

Back Side of Blank. [illegible] shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68666

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fifth

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, September 16.
4. Place of Birth, (Street and Number) 2006 E. Keyser St. Balto.
5. Full Name of Mother, Katharine Colsmann
6. Mother's Maiden Name, " Gebhart
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Richard Colsmann
9. Father's Occupation Coppersmith
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Rosina Biemmiller

Address, 2003 E. Preston Street

Remarks, Please to excuse me that I have missed to send this certificate between the 1st & 3rd, it is my first report in this country and have lookt through the Regulation & & & U 0 0 6 1 4 7

Wm. J. C. Dulany & Co. City Printers and Stationers.

RETURN OF A BIRTH. 68667

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 16 1895
4. Place of Birth, (Street and Number) Chapple st 812
5. Full Name of Mother, Mary Holeckova
6. Mother's Maiden Name,
7. Mother's Birthplace, Bohaimer
8. Full Name of Father, John Holeckova
9. Father's Occupation Tailor
10. Father's Birthplace, Bohaimer

Name of Medical Attendant, or other person who makes this Return, Mary Kopter

Address, N Washington st 205

Remarks,

1895 0006148

Wm. J. C. Dulany Co., City Printers and Stationers.

Any person who shall neglect or refuse to report the birth of a child born in the city of Baltimore, or in any other place, of which he is the attendant upon the mother, immediately thereafter, shall become liable, in the case of a physician, to a penalty of ten dollars, and in the case of any other person, to a penalty of five dollars; and if the person who is required, and shall neglect or refuse to report the birth of such child to report its birth to the Commissioner, shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68668

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* girl
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* Sept 16 1895
4. *Place of Birth, (Street and Number)* Bradford st 118
5. *Full Name of Mother,* Battie Kriast
6. *Mother's Maiden Name,* Harky
7. *Mother's Birthplace,* Bohaimen
8. *Full Name of Father,* Chrez Kriast
9. *Father's Occupation* Sobor
10. *Father's Birthplace,* Bohaimen

Name of Medical Attendant, or other person who makes this Return, Mary Kopitis

Address, N Washington st 205

Remarks,

8950006149

attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above prescribed, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68669

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 16 98
4. Place of Birth, (Street and Number) 1317 N Fulton Av
5. Full Name of Mother, Adele Shipley
6. Mother's Maiden Name, Adele Keller
7. Mother's Birthplace, Carroll Co
8. Full Name of Father, Harry C Shipley
9. Father's Occupation, Painter
10. Father's Birthplace, Balto Co

Name of Medical Attendant, or other person who makes this Return, A C Poll

Address, 2038 Madison Av

Remarks,

0950006150

Wm J C. Dulany Co., City Printers and Stationers.

Upon this form is a warrant for the birth certificate of a child, and the person in charge of a house in which a child is born, or in which a child may be, or any other person in attendance upon the mother, immediately thereafter, shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above recited, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68670

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name - Edna Amile Disney

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Sept. 16 - 1895
4. *Place of Birth, (Street and Number)* 1018 Eastern Ave.
5. *Full Name of Mother,* Katie Disney
6. *Mother's Maiden Name,* Humphrey
7. *Mother's Birthplace,* Baltimore County Md
8. *Full Name of Father,* Ulysses G. Disney
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore County Md

Name of Medical Attendant, or other person who made of this Return Mary Stein

Address, 1427 E. Pratt St.

Remarks.

8950006151

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth of a child, it shall become the duty of the person or persons of such family, or of the nurse or midwife, with the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68671

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

attendance upon the mother, immediately hereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above recited, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) colard
3. Date of Birth. Sept 16
4. Place of Birth, (Street and Number) 1643 Vincent ave.
5. Full Name of Mother, Mary Ellen diggs
6. Mother's Maiden Name, Mary E Proctor
7. Mother's Birthplace, Salem Virginia
8. Full Name of Father, Thomas Neilly diggs
9. Father's Occupation Hard carier
10. Father's Birthplace, Barbart County Va

Name of Medical Attendant, or other person who makes this Return, Mrs Sarah Mullins

Address. 1610 Vincent ave

Baltimore Md

Remarks.

8 9 5 0 0 0 5 1 5 2

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 68672

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) —
3. Date of Birth, Sept. 16th, 1895
4. Place of Birth, (Street and Number) 1903 Pulaski St.
5. Full Name of Mother, Annie Elizabeth Steele
6. Mother's Maiden Name, " " Bangle
7. Mother's Birthplace, Winchester Virg.
8. Full Name of Father, Melvin Scott Steele
9. Father's Occupation, Carpenter
10. Father's Birthplace, Washington City D. C.

Name of Medical Attendant, or other person who makes this Return. Joseph

Address, N. Elbow, North Ave. and Fremont St.

Remarks,

8950005153

Said person will be an offender against the laws of this State, if he or she practice as a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, unless a duly licensed physician shall be called in, or shall neglect or refuse to report the birth of such child to report to the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense; to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 68673

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 16, 1895
4. Place of Birth, (Street and Number) 2463 N. Calvert St.
5. Full Name of Mother, Julia A. Gordon
6. Mother's Maiden Name, Kelly
7. Mother's Birthplace, Ireland
8. Full Name of Father, Edward Gordon
9. Father's Occupation, Manager Balto Base Ball Club
10. Father's Birthplace, Maryville, Tenn.

Name of Medical Attendant, or other person who makes this Return. P. W. Delbert, M. D.

Address, 1501 E. Eager St.

Remarks, 8950003154

Wm J. C. Dulany Co., City Printers and Stationers.

Evidence upon the above facts, if required, will be required by the Commissioner of Health, and it is the duty of the person or parents of such child to report its birth in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68674

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male — GEORGE FRANCIS PRICE
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 16/40
4. Place of Birth, (Street and Number) 302 Biddle St.
5. Full Name of Mother, Cynthia Price
6. Mother's Maiden Name,
7. Mother's Birthplace, Paris, France
8. Full Name of Father, Martin F. Price
9. Father's Occupation Coachman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. William Fritzmaurice M.D.

Address, North Ave & Wheeler St.

Remarks, 8950006155

Wm. J. C. Dulany Co., City Printers and

attendance upon the mother, immediately thereafter, shall become the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above prescribed, and any person or persons who shall thereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68675

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Sept 17 1899
4. *Place of Birth, (Street and Number)* 820 Carlton St
5. *Full Name of Mother,* Agnes Tarr
6. *Mother's Maiden Name,* Agnes Peterson
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* William Tarr
9. *Father's Occupation* Engineer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Jerry C. Simms

Address, 820 Carlton St.

Remarks,

0950006156

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 68176

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female), female
2. Race or Color (if not of the white race), white
3. Date of Birth, 17th inst
4. Place of Birth (Street and Number), 800 N Washington St
5. Full Name of Mother, Edith M Dandolet
6. Mother's Maiden Name, Edith M Jaffe
7. Mother's Birthplace, Baltimore
8. Full Name of Father, G F Dandolet
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary E Price

Address, 1630 Ashland ave

Remarks, healthy child

0 9 5 0 0 0 6 1 5 7

the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report in lieu thereof to the Commissioner of Health, in the manner aforesaid, the facts required to be reported in the case of a living child. Any person or persons who shall violate any provision of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

...e Publishing Co., City Printers and Stationers

RETURN OF A BIRTH 68677

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 17 of September

4. Place of Birth, (Street and Number) Baltimore 1206 N. Pratt st

5. Full Name of Mother, Clara B. Watts

6. Mother's Maiden Name, Clara B. Thomas

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Edgar P. Watts

9. Father's Occupation, Painter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Thomas

Address, # 1242 N. Pratt st

Remarks,

8950006150

Murphy & Co., City Printers and Stationers.

Section 1. Be it ordained by the Mayor and City Council of Baltimore, that from and after the first day of January, 1894, it shall be the duty of every Commissioner of Health, in the City of Baltimore, to keep a record of the birth of every child born within the City of Baltimore, and to make a return of such birth to the Office of the Registrar of Vital Statistics, Board of Health, within twenty-four hours after such birth, which said return shall be made by the attendant upon the mother, immediately thereafter, in the manner and within the period above required, and any such attendant or other person who shall neglect or refuse to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68678

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept. 17/95
4. *Place of Birth, (Street and Number)* 119 S. Register Str.
5. *Full Name of Mother,* Victoria Herpels
6. *Mother's Maiden Name,* " Mueller
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Louis Herpels
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. Mrs. Deimbofer

Address, 2225 Gough St.

Remarks,

8 9 5 0 0 0 6 1 5 9

Any person without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period before recited; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 68679

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. ~~Sex, (state whether male or~~ female)
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Sept 17, 1895
4. Place of Birth, (Street and Number) 410 N. Hoffman St
5. Full Name of Mother, Mary Lizzie Wallace
6. Mother's Maiden Name, Mary Lizzie Elliott
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Albert Wallace
9. Father's Occupation Waiter
10. Father's Birthplace, Balto Md.

Name of Medical Attendant, or other person who makes this Return, Louise Eaton, M.D. Res Phys.

Address, Maternity Woman's Medical College

Remarks, 410 N. Hoffman St.

65000 5160

attendance upon the mother immediately hereafter, shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68680

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male ~~or female~~)
2. Race or Color, (if not of the white race) white
3. Date of Birth, Sept. 17 1895
4. Place of Birth, (Street and Number) 501 Mosher St. Extend
5. Full Name of Mother, Georgetta C. Lucas
6. Mother's Maiden Name, Georgetta C. Conrad
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Frank K. Lucas
9. Father's Occupation, Machinist
10. Father's Birthplace, Philadelphia Pa

Name of Medical Attendant, or other person who makes this Return, Mrs Rhodes

Address, Riggs Ave Ext

Remarks,

8950006161

80 9/0 1 7 8 0 0 2

Third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance, the parent or parents of such child shall become responsible for the proper return of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68681

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Sept 17 - 1895
4. Place of Birth, (Street and Number) 410 S. Washington St
5. Full Name of Mother, Amalia Wilhelm
6. Mother's Maiden Name, Weis
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John P. Wilhelm
9. Father's Occupation Machinist
10. Father's Birthplace, Westminster Md

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Pratt St.

Remarks,

8950006162

Will occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, then the mother, midwife, or other person, or persons, or any of them, shall be bound to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 8-29-58

RETURN OF A BIRTH. 68682

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Lottie Ruth ~~Boyd~~ Jr.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Sept. 17/95
4. *Place of Birth, (Street and Number)* 1337 N. Stricker St.
5. *Full Name of Mother,* Ida M. L. Boyd.
6. *Mother's Maiden Name,* Moore.
7. *Mother's Birthplace,* New Orford, Oskaloosa Co. Ia.
8. *Full Name of Father,* Wm. A. Boyd Jr.
9. *Father's Occupation* Tobacconist.
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. J. H. Christhaus M.D.

Address,

Remarks,

8 Y 5 U 0 0 0 1 6 3

attendance upon the mother, immediately hereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be, and are hereby, subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68683

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 ter

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 17th of September 95
4. Place of Birth, (Street and Number) 307 Turrett St
5. Full Name of Mother, Anna Weber
6. Mother's Maiden Name, Anna Meiyer
7. Mother's Birthplace, Germany
8. Full Name of Father, Jacob Weber
9. Father's Occupation Labor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Friederike Kaufer Midwife

Address, 216 W Pratt St

Remarks,

8 7 5 0 0 0 6 1 6 4

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of said child to report the birth to the Registrar of Vitals in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68684

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sep 17th 1895

4. Place of Birth, (Street and Number) 25 E Montgomery St

5. Full Name of Mother, Grace McMeekin

6. Mother's Maiden Name, Grace Douglas

7. Mother's Birthplace, Scotland

8. Full Name of Father, Robt McMeekin

9. Father's Occupation, Plumber's Supplies

10. Father's Birthplace, Scotland

Name of Medical Attendant, or other person who makes this Return. Theodore Cooke M.D. per Daigh

Address, 914 No Charles St.

Remarks, 8950006165

Upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report to the Commissioner of Health, in the manner and within the period above recited, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 68685

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 17 September
4. *Place of Birth, (Street and Number)* S. Bond st. 728
5. *Full Name of Mother,* Rozy Szczedlevsky
6. *Mother's Maiden Name,* Cedar
7. *Mother's Birthplace,* Pole
8. *Full Name of Father,* Frank Szczedlevsky
9. *Father's Occupation* Workman
10. *Father's Birthplace,* Pole

Name of Medical Attendant, or other person who makes this Return, Mary Cretl

Address, S. Bond st 828

Remarks, 8 7 5 0 0 0 6 1 6 6

attendance upon the mother, immediately hereafter, it shall become the duty of the person or persons of each household or family in the house or place where such birth occurs, to report such birth to the Commissioner of Health, in the manner and within the period required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68686

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 17 1895
4. *Place of Birth, (Street and Number)* Eager st 2003
5. *Full Name of Mother,* Francy Petr
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohaimen
8. *Full Name of Father,* Joseph Petr
9. *Father's Occupation* Tolor
10. *Father's Birthplace,* Bohaimen

Name of Medical Attendant, or other person who makes this Return, Mary Kopta

Address, N Washington st 205

Remarks,

8950006167

Attendance upon the mother, immediately hereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68687

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 17. 1895
4. Place of Birth, (Street and Number) 621 Engine St
5. Full Name of Mother, Rebecca Stoller
6. Mother's Maiden Name, Rebecca Ruvitch
7. Mother's Birthplace, Russia
8. Full Name of Father, Isaac Stoller
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Finberg

Address, 27 Lloyd St

Remarks, 1 8 9 5 0 0 0 6 1 6 8

shall occur without the attendance of a physician or practitioner in the city, or the person or parents of such child shall be unable to give the required information, shall immediately thereafter, it shall become the duty of the person or parents of such attendance upon the birth, or other person who may be in charge of the child, to report such birth to the Commissioner of Health, in the manner herein provided; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68688

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Mother of 7th child

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White Jew
3. Date of Birth, Sept. 17th 1895.
4. Place of Birth, (Street and Number) 208 North Front st. Baltimore Md.
5. Full Name of Mother, Mrs Ella Goldstein
6. Mother's Maiden Name, Miss Ella Kerschenbaum.
7. Mother's Birthplace, Born in Russia
8. Full Name of Father, Mr. Sam Goldstein
9. Father's Occupation Ladie's Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs Eva Kohn mid-wife

Address, 233 Harrission st.

Remarks, Mother and child are well.

8 9 5 0 0 0 6 1 6 9

Persons who fail to report immediately birth, etc. shall become the duty of the person or parents of such child to report birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68689

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Laura Virginia ~~Thomas~~ 8th

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) W
3. Date of Birth, Sept 17 1895
4. Place of Birth, (Street and Number) 3107 Foster Ave
5. Full Name of Mother, Alvina Thomas
6. Mother's Maiden Name, Alvina Schwartz
7. Mother's Birthplace, Germany
8. Full Name of Father, ~~[illegible]~~ George Thomas
9. Father's Occupation, Engineer
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Anna D Kunick Midwife

Address, 2838 Elliott

Remarks, GIVEN NAME ADDED 3-18-53

8950006170

child to report its birth to the Commissioner of Health, in the manner and within the period above required and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68690

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 11, 1895
4. Place of Birth, (Street and Number) 917 N. Carrollton ave
5. Full Name of Mother, Ollie C. Abbott.
6. Mother's Maiden Name, " " Carper
7. Mother's Birthplace, Virginia
8. Full Name of Father, Byrdine A. Abbott
9. Father's Occupation Preacher
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, H. E. Kruff M.D.

Address, 523 Scott St.

Remarks,

8 9 5 0 0 0 6 1 7 1

Wm. J. C. Dulany Co., City Printers and Stationers.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68691

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* wht
3. *Date of Birth,* Sept 17. 1895. 10.45 P.M.
4. *Place of Birth, (Street and Number)* 125 Nu Mechin st
5. *Full Name of Mother,* Laura E Van Daniker
6. *Mother's Maiden Name,* " " Greene
7. *Mother's Birthplace,* Penna
8. *Full Name of Father,* Leon R Van Daniker
9. *Father's Occupation* Locomotive Engineer
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, C G Lane Tompkins

Address, 1103 Madison ave

Remarks, 8950006172

Wm. J. C. Dulany Co., City Printers and Stationers

Immediately hereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period required, and any and every persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 2-28-48

RETURN OF A BIRTH. 68692

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Earnest ~~Stewart~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* September the 17/95
4. *Place of Birth, (Street and Number)* Baltimore City 452 W. Hoffman St
5. *Full Name of Mother,* Jennie E. Stewart
6. *Mother's Maiden Name,* Jennie E. Mims
7. *Mother's Birthplace,* Bladensburg, D. Columbia
8. *Full Name of Father,* George W. Stewart
9. *Father's Occupation* Porter in Drug Store
10. *Father's Birthplace,* North Carolina Caldwell Co.

Name of Medical Attendant, or other person who makes this Return, Sarah E. Dietz

Address, ~~5 W. Hoffman St~~ 612 Gallant St.

Remarks,

8950006173

Attendance upon the mother, immediately hereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68693

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 18th
4. *Place of Birth, (Street and Number)* 129 West street
5. *Full Name of Mother,* Mrs. Mary A. Thurman
6. *Mother's Maiden Name,* " " Hanke
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Mr. Joseph P. Thurman
9. *Father's Occupation* Carpenter.
10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other person who makes this Return. Katie Münch

Address, 800 Leadenhall Street.

Remarks,

8950006174

attendance upon the mother immediately hereafter, shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 68694

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 18 of september
4. Place of Birth, (Street and Number) Baltimore 1210 W Pratt st
5. Full Name of Mother, Paulena Gayleard
6. Mother's Maiden Name, Paulena Smith
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Robert A. Gayleard
9. Father's Occupation, labor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Thomas

Address, #1242 W. Pratt st

Remarks, 8950006175

report its birth to the Commissioner of Health, in the manner and within the period always required, and any such Person or persons who shall hereafter fail to comply with the requirements of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

& Co., City Printers and Stationers.

RETURN OF A BIRTH 68695

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, Sept. 18th 95
4. Place of Birth, (Street and Number) 801 Ramsay st.
5. Full Name of Mother, Kate Kavanaugh
6. Mother's Maiden Name, " " Wallace
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Patrick Kavanaugh
9. Father's Occupation, Lineman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Kate H. Gieglein

Address, 805 Vine st.

Remarks,

8950006176

[illegible] attendance upon the mother, [illegible] child to report its birth to the Commissioner of Health, in the manner [illegible] any such person or persons who shall hereafter fail to comply with the provisions of [illegible] jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

LANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 10-14-33

RETURN OF A BIRTH. 68696

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Lillian Esther ~~Ruth~~ 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 18 1895
4. *Place of Birth, (Street and Number)* 1802 David Hill Ave
5. *Full Name of Mother,* Ella Ruth
6. *Mother's Maiden Name,* Eler
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Edward Ruth
9. *Father's Occupation* Barber
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Chas E Sadler

Address,

Remarks,

8950006177

Wm. J. C. Dulany Co., City Printers and Stationers

It shall be the duty of the person who shall be called upon to give the name of each child, if any shall have been conferred, its sex, color, date of birth and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by a practitioner in the form of a return of birth, and the third day of each and every month to the office of the Commissioner of Health, or shall make another return of the first and attendance upon the mother immediately after the birth of any child, shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68697

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) V

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 10/95
4. Place of Birth, (Street and Number) 1021 Valley Str.
5. Full Name of Mother, Mina Willis
6. Mother's Maiden Name, Friedel
7. Mother's Birthplace, Balto.
8. Full Name of Father, Edward Willis
9. Father's Occupation Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address. 2225 Lough Str

Remarks. 8950006178

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] set forth as far as the same can be ascertained, the full name and date and place of birth; and the [illegible] color, the full name and occupation of the parents, the date and place of birth; and the [illegible] shall be delivered, duly signed by the attendant, in the form of a certificate between the first and [illegible] day of each and every month to a physician or practioner of midwifery, or the person or parents of such [illegible] shall occur without the attendance of a physician or practioner of midwifery, or the person or parents of such [illegible] immediately thereafter it shall become the duty of the person so required, and [illegible] attendance upon birth to the Commissioner of Health, in the manner and within the period above required, and [illegible] such person or persons who shall have neglected or refused to comply with the provisions of this section shall be and [illegible] shall such person or persons who shall have neglected or refused to comply with the provisions of this section shall be and [illegible] jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68698

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colard
3. *Date of Birth,* Sept 18
4. *Place of Birth, (Street and Number)* 1219 Whatloat st
5. *Full Name of Mother,* Eliza Curtis
6. *Mother's Maiden Name,* Grant Watkins
7. *Mother's Birthplace,* Baltimore, Md
8. *Full Name of Father,* Eliza Watkins
9. *Father's Occupation* labor Work
10. *Father's Birthplace,* Calvert Co md

Name of Medical Attendant, or other person who makes this Return, Mrs Sarah Rollins

Address, 1610 Orleans ave

Remarks, Baltimore

8750005179

been conferred) its sex, color, the full name and occupation of its parents, the date and place of its birth; and the said whether it shall be delivered, duly signed, to the Commissioner in the form of a certificate between the first and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of healing, the person or parents of such child to report its birth to the Commissioner, in the manner and within the period above prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED. 3-7-58

RETURN OF A BIRTH. 68699

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) Ida Louise ~~Sebastian~~ Second

1. *Sex,* (*state whether male or female*) Female
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* September 18th 1895
4. *Place of Birth,* (*Street and Number*) 321 Poppleton St. Balto. Md.
5. *Full Name of Mother,* Lulie Barbara Sebastian
6. *Mother's Maiden Name,* Lulie Barbara Hullett
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Charles Wm. Sebastian
9. *Father's Occupation* Cigar Maker
10. *Father's Birthplace,* Washington D.C.

Name of Medical Attendant, or other person who makes this Return. E. McH. Fiedler

Address, 1004 Dit Lexington Ave

Remarks, FILED SEPTEMBER 1895

1895000 6180

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of such attendance of a physician or practioner of midwifery, of the person or parents of such child, who shall be present at the birth, or in default thereof, in the manner and within the period above required, and shall report its birth to the Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section, such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68700

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 2

1. *Sex*, (*state whether male or female*) Male
2. *Race or Color*, (*if not of the white race*) W
3. *Date of Birth*, Sept 16 1895
4. *Place of Birth*, (*Street and Number*) 1004 Curly st Balto.
5. *Full Name of Mother*, Mary Conroy
6. *Mother's Maiden Name*, Mary Nolan
7. *Mother's Birthplace*, Balto Md
8. *Full Name of Father*, Thomas Conroy
9. *Father's Occupation*, Labourer
10. *Father's Birthplace*, Ireland

Name of Medical Attendant, or other person who makes this Return, Anna L. Kubach Midwife

Address, 2838 Elliott

Remarks, 8750006181

being conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the fifth and third day of each and every month to the office of the Commissioner of Health; and the said Commissioner shall cause a copy thereof to be made, and shall deliver the original to the Registrar of Vital Statistics, who shall cause the birth of any child to be entered in a register to be kept for that purpose; and if any person or persons shall receive any such schedule or certificate, or any person or persons shall be present at the birth of any child, or assume to be a midwife, or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68701

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 18th Sept.
4. Place of Birth, (Street and Number) 1550 Ridgeland St
5. Full Name of Mother, Elizabeth Batze
6. Mother's Maiden Name, Elizabeth Marshell
7. Mother's Birthplace, Ireland
8. Full Name of Father, John E. Batze
9. Father's Occupation Tailor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs C. Faulkner

Address, 1859 N. Fulton Ave

Remarks, 8950006182

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] as the same can be ascertained, the full name of each child, (if any, shall have been conferred) the sex, color, the full name and occupation of the parents, the date and place of birth, and the full name and residence of the attendant or informer in the form of a certificate to be furnished by the Commissioner of Health, which certificate shall be delivered, duly signed, to the Office of the Commissioner of Health, should no other person be in the full day of each and every month in which any such birth shall occur, it shall be the duty of the person or parents of such child, or of a physician or practitioner of medicine or midwife in attendance upon the mother, to make a return of such birth to the Commissioner of Health, in the manner and within the period above specified, and immediately thereafter, in the manner and within the period above specified, such person or persons who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68702

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 18 September
4. *Place of Birth, (Street and Number)* 2613 Gaite Avenue
5. *Full Name of Mother,* Mari Gavodny
6. *Mother's Maiden Name,* Symkoviak
7. *Mother's Birthplace,* Pole
8. *Full Name of Father,* Igor Gavodny
9. *Father's Occupation* Workman
10. *Father's Birthplace,* Pole

Name of Medical Attendant, or other person who makes this Return. Mari Pretl

Address, S. Bond st. 838

Remarks, 1 8 7 5 0 0 0 6 1 8 3

month, and shall set forth as far as the same can be ascertained, the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the place of its birth, and the said schedule shall be delivered, duly filled, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of each child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall wilfully or wrongfully fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68703

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 18 September 95
4. Place of Birth, (Street and Number) 1911 Ashland ave
5. Full Name of Mother, Josephian Baroch
6. Mother's Maiden Name, Josephian Bruna
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Frank Baroch
9. Father's Occupation Tailor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, Josephian Conrad

Address, 1621 Barnes st Balto Md

Remarks, 8950005184

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the number of children which have been born to the mother, including the child last born, and the number of the child in the order of its birth, and the date of the birth of any child which may have been born to the mother, immediately thereafter, in the manner and within the period hereinafter prescribed, and shall occur without the city, immediately thereafter, in the manner and within the period hereinafter prescribed, and shall be subject to the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68704

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 5

1. *Sex*, (*state whether male or female*) Boy
2. *Race or Color*, (*if not of the white race*) White
3. *Date of Birth*, Sept 18 1895
4. *Place of Birth*, (*Street and Number*) Jeffson st 2308
5. *Full Name of Mother*, Mary Stiles
6. *Mother's Maiden Name*,
7. *Mother's Birthplace*, Bohaimen
8. *Full Name of Father*, Androw Stiles
9. *Father's Occupation* Laboz
10. *Father's Birthplace*, Bohaimen

Name of Medical Attendant, or other person who makes this Return, Mary Kopto

Address, N Washington st 205

Remarks,

8 4 5 U 0 0 5 1 8 5

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother or child, or should the mother or child be in any way incapacitated from so doing, then it shall become the duty of the person or parents of such child or children to report the birth to the Commissioner of Health, in the manner and within the period above required, and shall operate as a bar to any action or suit for damages against any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

been conferred) the sex, color, the full name and occupation of its parents, the date and place of birth, and the name of the person who shall have attended at the birth, in the form of a certificate between the parent and such officer, and every such certificate shall be delivered, duly signed, to the Clerk of the Board of Health, within ten days after the birth of any child; and every month, the Clerk of the Board of Health, shall report to the City Commissioner of Health, the number of such certificates received by him, and the City Commissioner of Health, shall no other person be in the city of Baltimore, who shall have received any such certificate, in the manner and within the period above specified, and shall report its birth to the Commissioner of Health, in the manner and within the period above specified, and shall neglect or refuse to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68705

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: George A. C. Hesh

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 18th Sept 1895
4. Place of Birth, (Street and Number) 1225 Wall St
5. Full Name of Mother, Amanda (Hesch) Hesh
6. Mother's Maiden Name, Leach
7. Mother's Birthplace, Brighton New Jersey
8. Full Name of Father, George (Hesch) Hesh
9. Father's Occupation Glassblower
10. Father's Birthplace, New York

Name of Medical Attendant, or other person who makes this Return, Elizabeth Agerell

Address, 436 E Fort Ave

Remarks,

6 7 5 0 0 0 5 1 8 6

Wm. J. C. Dulany Co., City Printers and Stationers.

Owen

RETURN OF A BIRTH. 68706

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Charles Carroll 2.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, September 15, 1895.
4. Place of Birth, (Street and Number) 576 Falls Road.
5. Full Name of Mother, Magdalene Carroll.
6. Mother's Maiden Name, Lesolle.
7. Mother's Birthplace, Md.
8. Full Name of Father, Charles Carroll.
9. Father's Occupation Foreman.
10. Father's Birthplace, Pa.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks,

8 7 5 0 0 0 6 1 8 7

Wm. J. C. Dulany Co., City Printers and Stationers.

Such birth shall set forth as far as the same can be ascertained the full name of each child (if any shall have been given), the sex, color, the full name and occupation of its parents, the date and place of birth; and the attending physician or midwife, if any, shall sign a certificate setting forth the place of birth and the sex of the child, which certificate shall be delivered, only to the office of the County or other Registrar of Vital Statistics, or should no other person or parents of such child be in the city, then to the nearest Registrar of Vital Statistics. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately upon the birth of such child, the parents of such child shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section shall be liable to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68707

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male.
2. *Race or Color. (if not of the white race)* White.
3. *Date of Birth.* 9-14-95.
4. *Place of Birth. (Street and Number)* 136 N. Bond St.
5. *Full Name of Mother,* Mary A. Graemer.
6. *Mother's Maiden Name,* " " Depersack
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Robt T. Graemer.
9. *Father's Occupation* Carpenter.
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, W B Reeves MD

Address,

Remarks,

8 9 5 0 0 0 6 1 8 8

Wm. J. C. Dulany Co., City Printers and Stationers.

Sec. 2. Be it further enacted, that the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the parents of such child, or to the person in charge of the mother, within twenty-four hours after the birth of any child, and every month to the office of the Commissioner of Health, or should no other person be in attendance without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter, the person in charge of such child shall report the birth to the Commissioner of Health, in the manner and within the period prescribed in the preceding section, and any person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 3-13-37

RETURN OF A BIRTH. 68708

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Emma Margaret ~~Frances~~ Kinneman

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d.

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race)
3. Date of Birth, Sept. 19, (6. 30. P. M.) 1895
4. Place of Birth, (Street and Number) 1406 Fairmount Ave.
5. Full Name of Mother, Grace Madeline Kinneman,
6. Mother's Maiden Name, Lanigan
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Karl Kinneman,
9. Father's Occupation, Beautmaker,
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Kaune, for the

Address, Mothers Relief Society, 632. N. Fremont Ave.

Remarks, 8950006189

said schedule shall be delivered, duly signed by the practitioner in the form, in case the birth of any child shall occur upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the number and manner of the publications of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68709

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, 19 September 1895.
4. Place of Birth, (Street and Number) Garrett ave. No 1777.
5. Full Name of Mother, Rosa Manthei
6. Mother's Maiden Name, Rosa Hagetorn.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Emil Manthei.
9. Father's Occupation Sallon Keeper.
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return, Lizzie Schaeffer.

Address, E Fort ave No 1765.

Remarks,

6950006190

Wm. J. C. Dulany Co., City Printers and Stationers.

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and the fifteenth day of each and every month to the office of the Commissioner of Health, in the manner and the shall come upon the same, immediately thereafter it shall be the duty of the person or persons in charge of such attendance upon the birth to file a certificate between the first and fifteenth day of each and every month to the office of the Commissioner of Health, in the manner and form as shall be required by the rules and regulations of said Board of Health, and in case any physician or person or persons who shall have charge of such birth shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68710

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept. 19/95
4. *Place of Birth, (Street and Number)* 2023 E. Lombard Str.
5. *Full Name of Mother,* Dora Jaeger
6. *Mother's Maiden Name,* Bosse
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Anton Jaeger
9. *Father's Occupation* Backer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs Reisenhofer

Address, 2225 Lough St.

Remarks, 8950006191

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68711

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth.* September 19
4. *Place of Birth, (Street and Number)* 1120 Vincent Alley
5. *Full Name of Mother,* Mary E. Hagaman
6. *Mother's Maiden Name,* Mary E. Hagaman
7. *Mother's Birthplace.* Anne Arundell County
8. *Full Name of Father,* John Thomas
9. *Father's Occupation* Driver
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return. Mrs Sarah Rollins

Address, 1610 Vincent Ave

Remarks. Balto Md

6750006192

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] the sex, color, the full name and occupation of its parents, the date and place of birth; and the [illegible] shall be delivered, duly signed, to the person who makes the return, or other person who [illegible] the same to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in writing, and within the period above specified, and any whether or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

been conferred in sex, color, the full name and occupation of its parents, the date and place of birth, and the number of the child of the mother, in the form of certificate herein set forth, and the said schedule shall be delivered, duly signed by the attendant or person making the return, on the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance, the mother immediately therefore, shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and with the forms above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68712

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2th

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 19th of September 95
4. *Place of Birth, (Street and Number)* 1220 Ste Abalon St
5. *Full Name of Mother,* Lina Falkmann
6. *Mother's Maiden Name,* Lina Dauchelat
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Carls Falkmann
9. *Father's Occupation* Maschinist
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Friederike Keeler Midwife

Address, 2116 W Pratt St

Remarks,

8 9 5 0 0 0 6 1 9 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68713

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept 19 1895

4. Place of Birth, (Street and Number) 110 S. High St

5. Full Name of Mother, Minnie Glik

6. Mother's Maiden Name, M. Caplan

7. Mother's Birthplace, Russia

8. Full Name of Father, Harry Glik

9. Father's Occupation Black Smith

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Fineberg

Address, 27 Lloyd St

Remarks,

8950006194

[illegible] be used [illegible] name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68714

GIVEN NAME ADDED 9/8/61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Estelle Withers

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Sept. 19. 1895 (9. 15. P. M.)
4. Place of Birth, (Street and Number) 628 Columbia Ave.
5. Full Name of Mother, Annie Mathilde Withers
6. Mother's Maiden Name, Lassen
7. Mother's Birthplace, King & Queen Co. Va.
8. Full Name of Father, Thomas Walsh Withers
9. Father's Occupation, Laborer
10. Father's Birthplace, Caroline Co. Va.

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Lamm for the Mother Relief Society, 632 N. Fremont Ave.

Address,

Remarks, 6950006195

said schedule shall be delivered, duly signed by the parents, the date and place of birth, and the name and occupation of a parent, the date and place of birth, and the name and occupation of the attendant, if any, shall be given in the form of a certificate, be signed by the first and third days of each and every month to the office or physician or practitioner of midwifery, or person or parents, or other person in charge of such child, or person who shall have charge of any child born without the attendance of a physician or practitioner of midwifery, or person or parents, or other person in charge of such child, to report the birth of such child to the Commissioner of Health, in the manner and within the period of time prescribed, and shall cause such child to be vaccinated, and shall be in attendance upon the Health Officer of Baltimore City, when requested by said Commissioner of Health, to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

Sec. 3. That it shall be the duty of the person or persons in charge of any house, tenement or place where any child shall be born, or of the mother of such child, if she be able, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Sec. 4. That it shall be lawful for any person or persons to be present at the birth of any child, for any such person or persons to be present at the birth of any child, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or other person, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CITY VALUE ADDED 3-18-35

RETURN OF A BIRTH. 68715

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Catherine L. Kilroy

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, September 19, 1895.
4. Place of Birth, (Street and Number) 526 Hickory av.
5. Full Name of Mother, Catherine Elizabeth Kilroy.
6. Mother's Maiden Name, Mulcahy.
7. Mother's Birthplace, U. S.
8. Full Name of Father, Morley Lawrence Kilroy.
9. Father's Occupation Coach-smith.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Chas. A. Mitchell M.D.

Address, 291 Chestnut av.

Remarks,

8 7 5 0 0 0 6 1 9 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68716

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Sept. 19. 1895
4. *Place of Birth, (Street and Number)* 410 N. Hoffman St.
5. *Full Name of Mother,* Alphonzo Worthington
6. *Mother's Maiden Name,* Alphonzo Nutter
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Samuel Worthington
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Pa

Name of Medical Attendant, or other person who makes this Return, Louise Eaton, M. D. Res. Phy.

Address, Maternite Woman's Med. College of Balto.

Remarks. 410 N. Hoffman Street

1 8 9 5 0 0 0 6 1 9 7

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] name and occupation of its parents, the date and place of birth and the [illegible] said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, the duty of such attendant shall devolve upon the person or persons who are charged with the duty of reporting the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68717

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 1895 Sept. 20th
4. *Place of Birth, (Street and Number)* 331 - Pearl St
5. *Full Name of Mother,* Mary - Ellen - O'Brien
6. *Mother's Maiden Name,* M - E - McGuire
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James. C. O'Brien
9. *Father's Occupation* Coach - Painter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Lucian Hunter

Address, 23 N. Poppleton St

Remarks, 8 9 5 0 0 0 6 1 9 8

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68718

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 2d. Sept.
4. *Place of Birth, (Street and Number)* 816 Wheeling St.
5. *Full Name of Mother,* Mary Hubbard
6. *Mother's Maiden Name,* Mary Pendell
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Samuel Hubbard
9. *Father's Occupation* fireman
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Mrs J. Smith Wardwell

Address, 1417 E. Eager St.

Remarks. 8 9 5 0 0 0 6 1 9 9

Wm. J. C. Dulany Co. City Printers and Stationers.

[illegible] shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case of the birth of any child shall occur without the attendance of a physician or midwife, or other person, the duty of giving the said certificate shall devolve upon the nurse, or other person in attendance, or in default thereof it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68719

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sep. 20, 1895
4. *Place of Birth, (Street and Number)* 214 S. Charles St
5. *Full Name of Mother,* Maggie Schrufogle
6. *Mother's Maiden Name,* Maggie Klein
7. *Mother's Birthplace,* Balti
8. *Full Name of Father,* Henry G. Schrufogle
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balti

Name of Medical Attendant, or other person who makes this Return, Dr. R. Gasley

Address, 213 E. Heath St

Remarks, Living Well

8 7 5 0 0 0 3 2 0 0

Sec. 1. Be it enacted by the General Assembly of Maryland, that the parents of every child born within the City of Baltimore, shall cause the birth of such child to be registered, by giving the date of birth, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the officer of the Board of Health, who shall be designated for that purpose, and the said officer will, in accordance with the rules and regulations of the Board of Health, issue a permit for the burial of any such child, upon the production of the schedule or certificate of the attendant upon the mother; immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68720

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sep 20, 1893
4. *Place of Birth, (Street and Number)* 140 Henrietta St
5. *Full Name of Mother,* Grace George
6. *Mother's Maiden Name,* Grace Noall's
7. *Mother's Birthplace,* Balti
8. *Full Name of Father,* William George
9. *Father's Occupation* Weighman at B.C.
10. *Father's Birthplace,* Balti

Name of Medical Attendant, or other person who makes this Return, Dr. W.R. Cooked

Address, 213 S. Heath St

Remarks, Long Will

8 9 5 0 0 0 3 2 0 1

Wm. J. C. Dulany Co., City Printers and Stationers.

Sec. 1. Be it ordained by the Mayor and City Council of Baltimore, that the following form of a certificate of birth, shall be used by the Registrar of Vital Statistics, in the City of Baltimore, and shall be delivered to the parents of all children born within said city, or to such other persons as may be in charge of such children, or to the physicians, midwives, or other persons in attendance upon the mother, immediately after the birth, in the manner and within the period above required, and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person, or persons, be in attendance upon the mother, immediately after the birth, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 68721

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth,* Sept 20 1895
4. *Place of Birth, (Street and Number)* 609 Forrest St
5. *Full Name of Mother,* Elizabeth A McManigles
6. *Mother's Maiden Name,* Marshall
7. *Mother's Birthplace,* Catonsville Md
8. *Full Name of Father,* Wm C McManigles
9. *Father's Occupation,* Paper Box Letter
10. *Father's Birthplace,* City City

Name of Medical Attendant, or other person who makes this Return. A. G. Davis M.D.

Address, 1507 N Carolina St

Remarks,

8 9 5 0 0 0 6 2 0 2

month, — that set forth as far as the name can be ascertained, the full name of each child, if any shall have been born, the sex, color, the full name and occupation of its parents, the date and place of birth, and the number of each child of each mother, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the Registrar of Vital Statistics, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter. It shall become the duty of the person or persons so attending, or in default of such person or persons, of the mother, or of the person with whom she may be at the time of such birth, to make and deliver to such Registrar of Vital Statistics, a certificate in the manner and within the period above required and any such person or persons who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 68722

GIVEN NAME ADDED 8-10-56

To the Office of Registrar of Vital Statistics, ~~Board of Health~~, Baltimore City.

Name: Edith ~~Mae~~ Schwab

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 20th of September 1895
4. *Place of Birth, (Street and Number)* 181 Stockton St.
5. *Full Name of Mother,* Annie ~~Smith~~ Schwab
6. *Mother's Maiden Name,* Annie West
7. *Mother's Birthplace,* Georgetown Delaware
8. *Full Name of Father,* August Schwab
9. *Father's Occupation* Editorier
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Katie Münch

Address, 800 Leadenhall Street.

Remarks,

8950006203

Wm. J. C. Dulany Co., City Printers and Stationers.

Penalty of $10 for neglect to return all name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall be the duty of the person or persons present at such birth, or of the parents, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 68723

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* Sept. 20th — 95
4. *Place of Birth, (Street and Number)* 1521 N Vine St.
5. *Full Name of Mother,* Annie Parker
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Eastern Shore Va
8. *Full Name of Father,* Fred Stingler (deceased)
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. G. W. Slater M.D.

Address,

Remarks, 1 8 9 5 0 0 1634 W. Pratt St.

[illegible] contained) its sex, color, the full name and occupation of its parents, the date and place of birth, and the number of children born to the mother, including the child reported, and the number living. Upon receipt of such notice, the Registrar shall cause a certificate to be served upon the person or persons who shall have charge of such child, to the effect that the said schedule shall be delivered, duly signed by the practitioner, or the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above recited, and any such person or persons who shall have neglected to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 68724

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Legitimate

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 20th
4. *Place of Birth, (Street and Number)* 1713 Lamont ave
5. *Full Name of Mother,* Mrs Richard Mooney
6. *Mother's Maiden Name,* Miss Jane O'Brady
7. *Mother's Birthplace,* England
8. *Full Name of Father,* Mr Richard Mooney
9. *Father's Occupation* Stone Mason
10. *Father's Birthplace.* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs Cunningham

Address,

Remarks, 5950006205

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the name and residence of the attendant, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the child be born dead, or shall occur without the attendance of a physician or practitioner, the duty of the person or parents of such child to report the birth devolves upon the mother, immediately after her recovery, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 68725

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Sept 20th 1895
4. *Place of Birth, (Street and Number)* 917 Eutaw St
5. *Full Name of Mother,* Martha Norris
6. *Mother's Maiden Name,* Martha Ringgold
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Walter Norris
9. *Father's Occupation* Porter
10. *Father's Birthplace,* Baltimore County

Name of Medical Attendant, or other person who makes this Return, Hester Cotance

Address, 509 Hartford St

Remarks.

1 8 9 5 0 0 0 6 2 0 6

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the person in charge of such child or in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons so to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68726

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Friday, Sept 20th 1895.
4. Place of Birth, (Street and Number) 433 East Preston Street.
5. Full Name of Mother, Margaret Gemmill.
6. Mother's Maiden Name, Margaret Brent.
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Cody Gemmill.
9. Father's Occupation Fireman
10. Father's Birthplace, Baltimore County.

Name of Medical Attendant, or other person who makes this Return, Mrs. Worden

Address, 1044 E. [illegible] Street

Remarks,

8950006207

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be [illegible] of his parents, the date and place of birth, and the occupation of the parents, by the physician or midwife, on a form, of a certificate between the first and [illegible] said schedule shall be delivered, duly signed, by the physician or midwife, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above prescribed, and any such parent or person who shall thereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68727

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth. Sept. 20, 1895
4. Place of Birth, (Street and Number) Russell Brick Yard
5. Full Name of Mother, Sophia Ogle
6. Mother's Maiden Name. Sophia Matthews
7. Mother's Birthplace. Baltimore
8. Full Name of Father, Robert Ogle
9. Father's Occupation Labor
10. Father's Birthplace, Balto. Co. Md

Name of Medical Attendant, or other person who makes this Return. Abilla Brooks

Address, Abilla Brooks 1132 Warner St

Remarks, Doing well

875000208

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the number of the child of its mother, and have the same duly registered, and shall deliver to the person who shall be present at the birth of any child said schedule shall be delivered, duly signed by the practitioner in the form of a certificate for registration of the birth of such child, or in the absence of a practitioner, by the person who shall be present at the birth of any child third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance, then the midwife or nurse or practitioner of midwifery, or should no other person be in attendance, then the father of such child, or in his absence, the mother, or in her absence, the person who shall have charge of such child shall occur without the attendance of a midwife or nurse or practitioner of midwifery, or should no other person be in attendance, then the father of such child, or in his absence, the mother, or in her absence, the person who shall have charge of such child shall immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68728

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 20 September 95
4. *Place of Birth, (Street and Number)* 23 S. Eutaw st
5. *Full Name of Mother,* Bauchen Bauer
6. *Mother's Maiden Name,* Bauchen Zemish
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Theodore Bauer
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return. Josephian Conrad

Address, 621 Barnes st Balto Md

Remarks.

1 8 9 5 0 0 0 6 2 0 9

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] sex, color, the full name and occupation of its parents, the date and place of birth; and the [illegible] duly signed by the practitioner in the form of a certificate between the first and [illegible] said schedule shall be delivered every month to the office of the Commissioner of Health. In case the birth of any child [illegible] shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in [illegible] third day of such birth, the mother, or in her absence, the nurse or other person in attendance upon the mother, immediately after the birth, shall become the duty of the person so in attendance upon the mother, immediately after the birth, within the period above required, and shall over, without the attendance of a physician or practitioner of midwifery, of the parents of such child to report the birth to the Commissioner of Health, in the manner as provisions of this section shall be [illegible] any such person or persons who shall hereafter fail to comply with the provisions of this section shall be [illegible] liable to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68729

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) # 1

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 20 1895
4. *Place of Birth, (Street and Number)* Chapple st 521
5. *Full Name of Mother,* Fanie Matzyk
6. *Mother's Maiden Name,* Strubin
7. *Mother's Birthplace,* Bohaimen
8. *Full Name of Father,* Chas Matzyk
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Bohaimen

Name of Medical Attendant, or other person who makes this Return. Mary Roptis

Address, N Washington st 205

Remarks,

8 7 5 0 0 0 6 2 1 0

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate herein prescribed, and the third day of each and every month to the Commissioner of Health, or to the person or persons to whom he may have delegated the duty of receiving the same, and the attendance upon the mother, immediately thereafter it shall become the duty of the person, or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period prescribed in this section, and if any such person or persons who shall have failed to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68730

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 20 1895
4. Place of Birth, (Street and Number) Chamer st 1639
5. Full Name of Mother, Sophai Knast
6. Mother's Maiden Name,
7. Mother's Birthplace, Bohaimen
8. Full Name of Father, John Knast
9. Father's Occupation Lobor
10. Father's Birthplace, Bohaimen

Name of Medical Attendant, or other person who makes this Return. Mary Koptis

Address, W Washington st 208

Remarks,

6950005211

Wm. J. C. Dulany Co., City Printers and Stationers.

No. 1. Sex, color, the full name and occupation of its parents, the date and place of birth; and the name and residence of the attendant, shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every confinement of a female child, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall become the duty of the person required, and attendance upon the mother, immediately thereafter, to give notice of such birth, in the manner and with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in form of certificate between the first and third day of each and every month to the office of the Commissioner of Health. If not delivered by the physician or attendant, the mother or other person who shall have charge of the child shall be required to report its birth to the Commissioner of Health, in manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. (68731)

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 20 1875
4. *Place of Birth, (Street and Number)* Ann st 608
5. *Full Name of Mother,* Annie Petrosirak
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohaimen
8. *Full Name of Father,* John Petrosirak
9. *Father's Occupation* Goboy
10. *Father's Birthplace,* Bohaimen

Name of Medical Attendant, or other person who makes this Return, Mary Hopter

Address, N Washington st 205

Remarks,

8950006212

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68732

GIVEN NAME ADDED 5/18/6[illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Edna Marie Olsen

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 20th 1895
4. Place of Birth, (Street and Number) Cor. Pratt and Albemarle Sts.
5. Full Name of Mother, Mrs. Lena Olsen
6. Mother's Maiden Name, Backstrom
7. Mother's Birthplace, Sweden
8. Full Name of Father, Mr. O. J. Olsen
9. Father's Occupation, Merchant
10. Father's Birthplace, Norway

Name of Medical Attendant, or other person who makes this Return, Dr. Ernst Miller M.D.

Address, 2239 Pennsylvania Ave.

Remarks,

8 9 5 0 0 0 6 2 1 3

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68733

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Sept. 20th 1895
4. *Place of Birth, (Street and Number)* 215 Calvert st.
5. *Full Name of Mother,* Rosalia Zitto
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Italy
8. *Full Name of Father,* Sam Zitto
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Italy

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

8950003214

been conferred) the sex, color, the full name and occupation of the parents, the date and place of birth, and the child's name, if any, shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the person or persons in the house where the mother lives, or if there be no such person, the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68734

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 20th September 1895
4. Place of Birth, (Street and Number) 1434 Decatur st. Baltimore
5. Full Name of Mother, Annie E. Taylor
6. Mother's Maiden Name, Annie E. Woods
7. Mother's Birthplace, Cumberland. Md
8. Full Name of Father, Thomas Taylor
9. Father's Occupation, Boiler Maker
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs Allen

Address, 1407 Nicholson st. Baltimore

Remarks, 8950003215

Wm. J. C. Dulany Co., City Printers and Stationers.

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days, and shall be delivered to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter, shall fail to comply with the provisions of this section shall be, and any such person or persons so offending, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68735

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Sept 20th, 1895

4. *Place of Birth, (Street and Number)* Baltimore. 1036 Valley Stre

5. *Full Name of Mother,* Mary Burns

6. *Mother's Maiden Name,* Mary Connaughton

7. *Mother's Birthplace.* Ireland

8. *Full Name of Father,* James Burns

9. *Father's Occupation* Gas fitter

10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs. Woodurn

Address, 1050 East Hoffman Street

Remarks, 8950005216

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68736

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 7th Child.

1. *Sex*, (*state whether male or female*) Male
2. *Race or Color*, (*if not of the white race*) White.
3. *Date of Birth*, 20th September 1895.
4. *Place of Birth*, (*Street and Number*) Boreing Sh. N. 1521.
5. *Full Name of Mother*, Augusta Stenke.
6. *Mother's Maiden Name*, Augusta Kohnke.
7. *Mother's Birthplace*, Danzig Germany.
8. *Full Name of Father*, August Stenke.
9. *Father's Occupation* Lebor.
10. *Father's Birthplace*, Danzig Germany.

Name of Medical Attendant, or other person who makes this Return. Lizzie Schaffler

Address, 6 Fortune St. 1705.

Remarks.

6 9 5 0 0 0 6 2 1 7

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health; or should any child shall occur without the attendance of a physician or practitioner of medicine, or midwifery; or should no other person be in attendance upon the mother, the attendant shall hereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. (6873)

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* ~~[illegible]~~ September 21, 1925
4. *Place of Birth, (Street and Number)* 405 Hamburg St
5. *Full Name of Mother,* Carrie E. Pinder
6. *Mother's Maiden Name,* Carrie E. Palmer
7. *Mother's Birthplace,* Baltimore city
8. *Full Name of Father,* Henry W. Pinder
9. *Father's Occupation,* Sailor
10. *Father's Birthplace.* Baltimore city

Name of Medical Attendant, or other person who makes this Return, Millie Gross

Address, 423 Hamburg St

Remarks,

8950006218

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the name and address of every midwife or other person who shall have delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwife, the person or persons in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons in any such place to report to the Commissioner of Health, in the manner and within the period above required, and such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. O. SULLIVAN CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 68738

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 7th 1895
4. *Place of Birth, (Street and Number)* 1022 N Hopkins Ave
5. *Full Name of Mother,* Margaret Rehberger
6. *Mother's Maiden Name,* Mann
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Louis Rehberger
9. *Father's Occupation,* Tool maker
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. J. B. Schwatka M. D.

Address, 1003 N. Broadway

Remarks,

8950006219

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the name of the attendant, if any, shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the commissioner of health, or should no other person be in attendance upon the birth to the commissioner of midwifery, or should no other person be in attendance upon the birth to the commissioner of health, in the manner and within the time above required, and shall occur without the attendance of a physician or midwife, the duty of the person or persons so in attendance, or the mother, immediately thereafter, it shall become the duty of the person or persons required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten 100 dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. A. G. GALANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 68739

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 21st 1895
4. Place of Birth, (Street and Number) 33 Birkhead St
5. Full Name of Mother, Mary Elizabeth Floyd
6. Mother's Maiden Name, Mary Elizabeth Cambridge
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, George Edward Floyd
9. Father's Occupation, Railroadman
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return Ellenora C. Anderson

Address, 1434 Patapsco St

Remarks, 8950003220

Wm J. C. Dulany Co., City Printers and Stationers.

[illegible] the full names and occupation of its parents, the date and place of birth and the sex, color, etc., of the child, in the form of certificate herein prescribed, shall be delivered, duly signed by the practitioner or certificate herein prescribed, to the Board of Health. In case the birth of any child shall occur within the mother, immediately thereafter it shall become the duty of the person or persons with whom the mother resides, or in whose house the birth occurs, to report such birth to the Commissioner of Health. In the absence of any such person or persons, the duty of such person or persons who shall have charge of the mother, or who shall be present at the birth, to report the birth to the Commissioner of Health, in compliance with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68740

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* ~~No 1238 Columbia Ave~~ 21st September
4. *Place of Birth, (Street and Number)* No 1238 Columbia Ave
5. *Full Name of Mother,* Laura R Adams
6. *Mother's Maiden Name,* Craig
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* John E Adams
9. *Father's Occupation* Plasterer
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Mrs A M Bischoff

Address, No 829 Columbia Ave.

Remarks.

1 8 9 5 0 0 0 6 2 2 1

and schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately after the birth, to report such birth, it shall become the duty of the person above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68741

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 1895 21 Sept

4. Place of Birth. (Street and Number) 816 - W. Mulberry St

5. Full Name of Mother. Mrs - Calin

6. Mother's Maiden Name, Katie - Gallagher

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, John J - Calin

9. Father's Occupation Picture frame Maker

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Mrs Hunter

Address, 23 N Poppleton St

Remarks, 8950005222

[illegible] any [illegible] shall have [illegible] its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been born) the sex, color, the full name and occupation of its parents, the date and place of birth; and the said certificate shall be signed by the person who was present at the birth, and in case there shall be no such person, then by the father of such child; and the third day of each and every month to the office of the Commissioner of Health, a certificate between the first and third day of each and every month to the office of the Commissioner of Health, stating the number of births that shall occur without the attendance of a physician or practioner of midwifery, or should no other person of any child shall occur upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child or children, or the person who shall have charge of the same, to report the birth of such child or children; any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68 742

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 7 1/21
4. Place of Birth, (Street and Number) 738 Columbia Ave
5. Full Name of Mother, Maggie Howard
6. Mother's Maiden Name, Maggie Howard
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William H Howard
9. Father's Occupation Agones-Maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Hellegonda Stifel

Address, 934 St Peter St

Remarks, 1879 0006223

Wm. J. C. Dulany Co., City Printers and Stationers.

Grw

RETURN OF A BIRTH. 68743

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) First child

1. *Sex*, (*state whether male or female*) Male
2. *Race or Color*, (*if not of the white race*) White
3. *Date of Birth*, Sept. 21st 1885
4. *Place of Birth*, (*Street and Number*) 208 Little Gough St.
5. *Full Name of Mother*, Jinnie Eckels
6. *Mother's Maiden Name*, Mittendorf
7. *Mother's Birthplace*, Balto. Md.
8. *Full Name of Father*, Fredrick W. Eckels.
9. *Father's Occupation*, Ice dealer
10. *Father's Birthplace*, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Francis A. Sauer M.D.

Address, 439 W. Central Ave.

Remarks, Full name — Louis H. Eckels.

8950006224

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the name and residence of the attendant, duly signed by the practitioner in the form of a certificate, between the 1st and 15th day of each and every month to the office of the Commissioner of Health; in case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, the mother, if able, shall become the duty of the person or parents of such child to report the birth, the name of the child, and the name of the mother, and such report shall be made by any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

THE J. C. DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 68744

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 21st of September

4. Place of Birth, (Street and Number) 858 Pierce St

5. Full Name of Mother, Lizzie Bozman

6. Mother's Maiden Name, [illegible]

7. Mother's Birthplace, Balto Md

8. Full Name of Father, Isaac Powell

9. Father's Occupation, Porter

10. Father's Birthplace, [illegible]

Name of Medical Attendant, or other person who makes this Return. Mrs Bozman

Address, No. 858 Pierce St.

Remarks,

1895 0003225

month, and shall set forth in it the full name and occupation of its parents, the date and place of birth, the sex of the child, and such other information as may be required by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practical midwife, or should the person or persons who shall have been conferred) its sex, delivered, duly signed, to the Commissioner of Health, or to such other person as may be designated by the Commissioner of Health, in the manner and under the provisions of this section shall be required, said schedule shall every month be signed by a physician or practical midwife, or should the duty of the person required to make said schedule shall not be performed within the period above required, the person or persons who shall have been required to make said schedule, shall be liable to the penalty of ten dollars for each offense, to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH. 68745

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 24 1895
4. Place of Birth, (Street and Number) 1505 N. Bond St
5. Full Name of Mother, Elizabeth M. Coleman
6. Mother's Maiden Name, Benjamin
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, George A. Coleman
9. Father's Occupation, Stenographer
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return, J. N. Sulzer M.D.

Address, 151 E. Eager St.

Remarks, 6 9 5 0 0 0 6 2 2 6

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born, the sex, color, the full name and occupation of its parents, the date and place of birth, and the number of the child, if twins or triplets or more shall be born, whether the first and second or third or more born, and shall be delivered, duly signed by the practitioner to the Board of Health. In case the birth of any child shall occur without the attendance of a practitioner of medicine or midwifery, or should no other person be in attendance, then the mother, or in her absence, the nurse, or other person in charge, shall within the period required, and shall report the birth to the Commissioner of Health, in the manner and with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68746

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) IX

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept. 21/95
4. *Place of Birth, (Street and Number)* 1210 E. Fayette Str.
5. *Full Name of Mother,* Maggie Michaels
6. *Mother's Maiden Name,* Glug
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* John Michaels
9. *Father's Occupation* Barber
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. Mrs. Deisenhofer

Address, 2225 Gough St.

Remarks,

8 Y 5 0 0 0 6 2 2 7

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month, to the Commissioner of Health, or such other person as the Board of Health may direct; and every person who is a physician, or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately hereunder it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section, shall be subject to the use of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68747

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sep. 21 1893
4. *Place of Birth, (Street and Number)* 1719 Bond St
5. *Full Name of Mother,* Annie Brant
6. *Mother's Maiden Name,* Annie Amer
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* George Brant
9. *Father's Occupation* Cigar Maker
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Dr. P. R. Logston

Address, 213 E. Fleet St

Remarks, Living Well

8 9 5 0 0 0 6 2 2 8

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68748

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) IV

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 21/95
4. Place of Birth, (Street and Number) 2240 Bank Str.
5. Full Name of Mother, Mary S. Taylor
6. Mother's Maiden Name, " " Reinle
7. Mother's Birthplace, Phila. (Pa.)
8. Full Name of Father, James Taylor
9. Father's Occupation Engineer
10. Father's Birthplace, Baltr.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deinenhofer

Address, 2225 Gough St.

Remarks.

1 8 9 5 0 0 0 6 2 2 9

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) his sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third days of each and every month, to the Commissioner of Health; in case the birth of a child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any and every person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68749

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth. September the 21 1895
4. Place of Birth, (Street and Number) Loudon Ave No 25
5. Full Name of Mother, Catharine Mc neuman
6. Mother's Maiden Name, Catharine Mc Cuts
7. Mother's Birthplace, Brooklin new yorks
8. Full Name of Father, george A neuman
9. Father's Occupation Butcher
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs S Talley

Address, No 19-22 Milkins Ave

Remarks,

1 8 9 5 0 0 0 6 2 3 0

Sec. 3. Be it further enacted, that the full name and occupation of its parents, the date and place of birth, and the sex, color, and number of its child, shall be recorded in the form of a certificate to be given by the physician or midwife, if any, in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period prescribed by ordinance, and any such person or persons who shall have neglected or failed to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68750

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 1st

1. *Sex,* (*state whether male or female*) Male
2. *Race or Color,* (*if not of the white race*) Colored
3. *Date of Birth,* Sept 21 st 1895
4. *Place of Birth,* (*Street and Number*) 510 Myrtle Ave
5. *Full Name of Mother,* Carrie Grose
6. *Mother's Maiden Name,* Carrie Goldbrugi
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Colazie Grose
9. *Father's Occupation* Farmer
10. *Father's Birthplace,* Eastern Shore

Name of Medical Attendant, or other person who makes this Return. Hester Gatrine

Address, 609 Preston St

Remarks.

6 9 5 U 0 0 6 2 3 1

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, the date and place of birth and the [illegible] of the child born, to the office of the Commissioner of Health, in the case of twins the first and third day of each and every month a physician or practitioner of medicine, or should no other person be in shall occur without the mother, immediately thereafter, in the manner and within the time specified, such attendant or person shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time specified, and any such person or persons who shall wilfully neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68751

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Sept 21
4. *Place of Birth, (Street and Number)* 27 & Lee St Balto
5. *Full Name of Mother,* Georgiana Stewart
6. *Mother's Maiden Name,* Georgiana Young
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* William H Stewart
9. *Father's Occupation* Barber
10. *Father's Birthplace,* Charleston S C

Name of Medical Attendant, or other person who makes this Return, Mrs Maker Hebb Georgiana Stewart

Address, 11 York Street

Remarks, Still Time

8 9 5 0 0 0 6 2 3 2

been convicted) his sex, color, the full name and occupation of his parents, the date and place of birth; and the said schedule shall be signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, it shall be the duty of the person or persons in charge upon the mother, immediately thereafter, to make and deliver to the Commissioner of Health a certificate of such birth, in the manner and within the period above required of such practitioner; and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68752

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 21st of September 95
4. Place of Birth, (Street and Number) 2111 Mary Ann St.
5. Full Name of Mother, Anna Rebel
6. Mother's Maiden Name, Anna Yabelt
7. Mother's Birthplace, Germany
8. Full Name of Father, John Rebel
9. Father's Occupation Laber
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Friederike Kessler Midwife

Address, 2116 W. Pratt St

Remarks,

8950005233

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] Sex, Color, Date and place of birth, Name and Occupation of its parents, the date and place of birth and the [illegible] shall be signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in the manner and with the [illegible] shall occur within the mother, immediately after the birth of such child, the person in attendance or the mother if there be no such person, or person in charge of such place, shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68753

CERTIFICATE CORRECTED 2-28-62

To the Office of Registrar of Vital Statistics, ~~Board~~ of Health, Baltimore City.

Name: Joseph Wiesteck

No. of child of Mother, (state whether 1st, 2d, 3d, &c.) 9th Child

1. Sex, (state whether male or female) Male ~~Female~~
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sep 21 1895
4. Place of Birth, (Street and Number) 408 Gorsuch St
5. Full Name of Mother, Matilda ~~Hendrick~~ Wiesteck
6. Mother's Maiden Name, Matilda Inealse
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry ~~Hendrick~~ Wiesteck
9. Father's Occupation Store Keeper
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Dr R. Leakey

Address, 213 E Heath St

Remarks, Long Well

8950006234

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, midwife or other person, it shall become the duty of the person or parents of such child to report such birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68754

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 21 1895
4. *Place of Birth, (Street and Number)* Walker St 2348
5. *Full Name of Mother,* Mary Hibey
6. *Mother's Maiden Name,* Schmidt
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Schmidt
9. *Father's Occupation* Farmer
10. *Father's Birthplace,* Labor

Name of Medical Attendant, or other person who makes this Return, Mary Skolitz

Address, N Washington st 2005

Remarks,

8 9 5 0 0 0 6 2 3 5

been colored) in sex color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered by the Commissioner of Health to the Commissioner of Health of any child born within the City of Baltimore, upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68755

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 21st 1895
4. *Place of Birth, (Street and Number)* 1603 Hopkins Ave
5. *Full Name of Mother,* Mollie H Pfeiffer
6. *Mother's Maiden Name,* Mollie E Wood
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* John H Pfeiffer
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Brown

Address, 1600 N. Chester st

Remarks,

8950006236

Every person who shall be a witness to a birth, or in charge of the house in which a child shall be born, or the attendant upon the mother, or the person in charge of the house in which the mother shall be delivered, shall sign the return of such birth, and shall deliver the same, or cause the same to be delivered, to the Registrar of Vital Statistics, Board of Health, Baltimore City, within twenty-four hours after the birth, and shall report the sex, color, full name and occupation of its parents, the date and place of birth; and the medical attendant shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68756

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) 1st

1. Sex, (state whether male or ~~female~~) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Sept 21st
4. Place of Birth, (Street and Number) 1642 Penn. Ave
5. Full Name of Mother, Mary M. Crop
6. Mother's Maiden Name, Wemple
7. Mother's Birthplace, Balto Co
8. Full Name of Father, Ed. H. Crop
9. Father's Occupation Clerk
10. Father's Birthplace, Howard Co

Name of Medical Attendant, or other person who makes this Return, John G. Huck

Address, 647 N. Lafayette Ave

Remarks,

1895000237

Wm. J. C. Dulany Co., City Printers and Stationers.

and schedule shall be delivered, duly signed by the physician or practitioner of Health, or in case the birth shall have occurred without the attendance of a physician or practitioner, by the parents, or in default of such certificate being so delivered, and the third day of each and every month thereafter, to the Commissioner of Health, or in case the birth shall have occurred without the attendance of a physician or practitioner, by the parents, or in default of such certificate being so delivered, and the third day of each and every month thereafter, to the Commissioner of Health, or in case the birth and death shall occur within the interval between the periods of the monthly returns, in every such case the birth or death shall be reported to the Commissioner of Health, by the person in charge of the house in which such birth or death occurs, or in default thereof, by the person in charge of the house in which the child or person last before the birth or death resided, or in default thereof, by the parents of such child or person, or in default thereof, by any person who shall become aware of such birth or death, and any such person failing to comply in the manner and within the period above specified, and with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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BALTIMORE CITY HEALTH DEPARTMENT

CERTIFICATE OF LIVE BIRTH

Registered No. A-68757

1. PLACE OF BIRTH: Baltimore, Maryland
(a) Name of hospital or institution; if at home give street number: 1011 Argyle Ave.
(b) Mother's stay before delivery:
In hospital or institution ..... In Baltimore ..... (Specify whether months or days)

2. USUAL RESIDENCE OF MOTHER:
(a) State Maryland (b) County .....
(c) City or town Baltimore (If outside city or town limits, write RURAL)
(d) Street No. 1011 Argyle Ave. (If rural give location)

3. Full name of child James Cornelius Adams

4. Date of birth Sept. 21 1895 (Month) (Day) (Year)

5. Sex: Male | 6. Twin or triplet ..... If so—born 1st, 2d, or 3rd ..... | 7. Number weeks of pregnancy ..... | 8. Hour of birth ..... M.

FATHER OF CHILD

9. Full Name James Adams
10. Color or race Negro 11. Age at time of this birth ..... yrs.
12. Birthplace Penna. (City, town, or county) (State or foreign country)
13. Usual occupation Pullman Porter
14. Industry or business .....

MOTHER OF CHILD

15. Full Maiden Name Sadie C. Lewis
16. Color or race Negro 17. Age at time of this birth ..... yrs.
18. Birthplace Virginia (City, town, or county) (State or foreign country)
19. Usual occupation .....
20. Industry or business .....

21. Other children born to mother (not including present child):
(a) How many other children of this mother are now living? 1
(b) How many other children were born alive but are now dead? .....
(c) How many children were born dead? .....

22. Mother's mailing address for registration notice:

23. I hereby certify to the birth of this child, who was born alive on the date and hour stated above. The information given above was furnished by ..... , related to this child as .....

24. Date rec'd by local registrar 11/15/1895 19.....

25. Signed Dr. James F. McShane Registrar

26. Given name added 9/22/72 by Registrar per .....

(Signed) W.T. Carr, Jr. M.D.
Physician or midwife) who attended this birth (Midwife)
or Sidney Wilkerson
Commissioner of Health and Registrar
Address ..... Date September 22, 1972

VS 100 No information appears on the original filing for information not appearing on this certificate.

[illegible] the Health Department to secure a full and correct Record of Vital Statistics in the City of Baltimore.

SECTION 7.—And be it further enacted and ordained that every person practicing midwifery in the City of Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68758

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 21 st
4. Place of Birth, (Street and Number) 829 Woodward St
5. Full Name of Mother, Margarette McCaffry
6. Mother's Maiden Name, Marggrette Ingham
7. Mother's Birthplace, Ireland
8. Full Name of Father, Wm Henry McCaff
9. Father's Occupation Clerk
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Hellig Meda Olifer
Address, 734 St Peter St
Remarks,

1 8 9 5 0 0 2 3 9

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case a child born shall not be in said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case a child born shall not be in said schedule, the mother, nurse or other person in attendance, or in default thereof, should no other person be in attendance, the father of such child, shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68759

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 21 September
4. *Place of Birth, (Street and Number)* 1708 Langaster str
5. *Full Name of Mother,* Eva Setl
6. *Mother's Maiden Name,* Glinovska
7. *Mother's Birthplace,* Pole
8. *Full Name of Father,* John Setl
9. *Father's Occupation* Workman
10. *Father's Birthplace,* Pole

Name of Medical Attendant, or other person who makes this Return, Mary Pretl

Address, S Bond St 228

Remarks,

+ 8 9 5 0 0 0 5 2 4 0

Wm. J. C. Dulany Co., City Printers and Stationers.

owe

RETURN OF A BIRTH. 687/60

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Walter Woodward Addison

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 22 1895.
4. *Place of Birth, (Street and Number)* 837 W. Lexington St.
5. *Full Name of Mother,* Fannie W. Addison
6. *Mother's Maiden Name,* Fannie W. Mottsman
7. *Mother's Birthplace.* Baltimore Md.
8. *Full Name of Father,* Andrew K. Addison
9. *Father's Occupation* Silversmith
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Henry C. Ohle M.D.

Address, 1203 W. Fayette ave

Remarks,

8 9 5 0 0 0 6 2 4 1

CORRECTED BY ORDER OF BOARD OF HEALTH

SEE DOCKET

CLERK

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been born) and shall set forth the number of the parent, the date and place of birth; and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate herein, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance who shall be willing to make the return, the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time prescribed; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

Each certificate of birth shall state the sex, color, the all name and occupation of its parents, the date and place of birth, and the name of the attending physician or midwife, if any, or other person who may be present at the birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate to the parents of such child, which certificate shall be evidence of the birth of such child in all courts of law and equity. In case there is no such attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period of time required and any such person or parents who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68761

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white race
3. *Date of Birth,* September 22
4. *Place of Birth, (Street and Number)* Baltimore County 1031 Boulding St.
5. *Full Name of Mother,* Mollie Hartmann
6. *Mother's Maiden Name,* Mollie Robinson
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Joseph Hartmann
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Burhard

Address, Boulding Str 1016

Remarks,

8 7 5 0 0 0 3 2 4 2

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68762

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*)

1. *Sex*, (*state whether male or female*)
2. *Race or Color*, (*if not of the white race*)
3. *Date of Birth*, Sept 22nd 1895
4. *Place of Birth*, (*Street and Number*) Leadenhall st No 146
5. *Full Name of Mother*, Mrs John Henry Weber
6. *Mother's Maiden Name*, Minnie Lizzie Thies
7. *Mother's Birthplace*, Baltimore
8. *Full Name of Father*, Mr John Henry Weber
9. *Father's Occupation* Cutter
10. *Father's Birthplace*, Baltimore

Name of Medical Attendant, or other person who makes this Return. Katie Munch

Address, 800 Leadenhall Street.

Remarks, 1 8 9 5 0 0 0 6 2 4 3

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] concerning its sex, color, the full name and occupation of its parents, the date and place of birth, and the [illegible] attendant or other person who shall make the return, in the form of a certificate be written on said schedule shall be delivered, duly signed by the attendant, to the Commissioner of Health, or should no other person be in third day of each and every month of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above prescribed, and any such person or persons who shall neglect or refuse to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68763

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Sept 22 / 8.35 P.M.
4. Place of Birth, (Street and Number) 1513 Lampton street.
5. Full Name of Mother, Mary Elizabeth Lane, Wt.
6. Mother's Maiden Name, Bailey
7. Mother's Birthplace, Balto Md.
8. Full Name of Father, Christian Wt.
9. Father's Occupation, Limeburner
10. Father's Birthplace, Balto Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. B. Frame

Address, 632 N. Fremont Ave.

Remarks, 8950006244

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and tenth days of each and every month to the officer of the Board of Health, or to the Commissioner of Health, or should no other person be in attendance upon the mother, Commissioner of Health, in the manner and within the period above required, and within four days thereafter, it shall be the duty of the person who shall be in attendance upon the mother, Commissioner of Health, to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence; to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68764

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 22 95
4. Place of Birth, (Street and Number) 1137 Wash St
5. Full Name of Mother, Lizzie McCully
6. Mother's Maiden Name Lizzie Lynch
7. Mother's Birthplace, Balto
8. Full Name of Father, Jas J McCully
9. Father's Occupation Clerk
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Jno Hunter

Address, 800 Lanvale & Montgomery

Remarks,

8950006245

Wm. J. C. Dulany Co., City Printers and Stationers.

Sec. 3. It is act, co-or, be full name and occupation of its parents, the date and place of birth, and the sall schedule shall be delivered, duly signed by the practitioner in the form of a certificate to the effect that he or she has attended at the birth of any child, shall be the duty of the Commissioner of Health, or the practitioner of midwifery, or should no other person be in attendance upon the mother, then the person who shall have delivered such child, to report its birth to the Commissioner of Health, in the manner and within the time prescribed in this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68765

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 ond

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth. Sept 22 ond 1895
4. Place of Birth, (Street and Number) 937 Houghton
5. Full Name of Mother, Marian Thompson
6. Mother's Maiden Name, Marian Wagner
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Thompson
9. Father's Occupation Tan-maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs A. E. Pierson

Address, 865 Frederick ave

Remarks, 8 9 5 0 0 0 5 2 4 6 City

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the name and residence of the attendant, if any, the practitioner in the form of a certificate between the 1st and third day of each and every month, to the office of the Commissioner of Health. Should no other person be in said schedule shall be delivered, duly signed, to the office of the Commissioner of Health. Should no other person be in attendance upon the mother, immediately after birth, in the manner and within the period above stated, and shall, on request, be furnished by the Commissioner of Health with blank forms for the purpose. Any person who shall fail to report its birth to the Commissioner of Health hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68766

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) mother first child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) color of white Race
3. Date of Birth, on Sunday. the 22. Sept.
4. Place of Birth, (Street and Number) 718 Pierce St
5. Full Name of Mother, Rebecca. M. Seitter
6. Mother's Maiden Name, Rebecca M Cornwell
7. Mother's Birthplace, 715 Between Gilmor. Carey
8. Full Name of Father. Edward. Seitter
9. Father's Occupation Stationary Engineer
10. Father's Birthplace, 712. Pierce St

Name of Medical Attendant, or other person who makes this Return, Mrs Bishop midwife

Address, No 829 Columbia Ave.

Remarks,

8 9 5 0 0 0 0 2 4 7

Wm. J. C. Dulany Co., City Printers and Stationers.

Race or Color shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, and the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the duty of the person or parents of such child, or in the absence of the mother, immediately thereafter, in the manner and within the period above prescribed, and shall report its birth to the Commissioner, or other person who shall be subject to the penalties of this section, if any such person or persons who shall neglect or fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH, 68767

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth September 22 1895
4. Place of Birth, (Street and Number) 923 W Lombard St
5. Full Name of Mother Annie E. Hogan
6. Mother's Maiden Name Annie E. Gaylord
7. Mother's Birthplace Baltimore
8. Full Name of Father John T. Hogan
9. Father's Occupation Iron Moulder
10. Father's Birthplace Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Thomas

Address 1242 W Pratt St

Remarks

1 8 9 5 0 0 0 6 2 4 8

[illegible] of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 68768

GIVEN NAME ADDED 4-23-70

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Rhea Nadine Eichelberger

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Sept 22d 1895
4. Place of Birth, (Street and Number) 610 N. Lafayette ave
5. Full Name of Mother, Maffie Eichelberger
6. Mother's Maiden Name, Thomas
7. Mother's Birthplace, Balto City
8. Full Name of Father, Henry C. Eichelberger
9. Father's Occupation Lab. Operator
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return, John G. Hack

Address, 610 N. Lafayette ave

Remarks, 18950006249

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68769

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 22/95
4. Place of Birth, (Street and Number) 512 N. Collington Ave.
5. Full Name of Mother, Annie Hemmerbacher
6. Mother's Maiden Name, " McKee.
7. Mother's Birthplace, Balto.
8. Full Name of Father, John Hemmerbacher
9. Father's Occupation Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Heimbacher

Address, 2225 Gough St.

Remarks, 1 8 9 5 0 0 0 6 2 5 0

been conferred, its sex, color, full name and occupation of its parents, the date and place of its birth, and such other information as may be required by the practitioner in the form of certificate herein-after provided, and shall within twenty-four hours after the birth, or should no other person be in attendance upon the mother, immediately after the birth, in the manner and within the time prescribed by the Board of Health, in the manner and within the time prescribed, and such other information as may be required, and shall become the duty of the person so required, and such person shall be required to report its birth to the Commissioner of Health, in the manner and within the time prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 08770

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Sept. 22, 1895
4. Place of Birth, (Street and Number) 410 N. Hoffman St.
5. Full Name of Mother, Florence Krummer
6. Mother's Maiden Name, Florence Krummer
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Boyer Brown
9. Father's Occupation Marble Polisher
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return. Louise Eaton M.D. Res. Phys.

Address, Maternite Mornais Md. College

Remarks, 410 Hoffman St. Med.

8 9 5 0 0 0 6 2 5 1

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every attendance of a physician or midwife, or should no other person be in attendance within the month to the office of the Commissioner of Health. In case the birth of any child shall occur upon the mother, immediately upon the Commissioner of Health, in the manner and within the period above required, and the person in attendance, or the person with the provisions of this section shall be obliged to report its birth to the Commissioner hereafter full to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68771

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Sept. 22 — 1895
4. Place of Birth, (Street and Number) 1277 S. Register St.
5. Full Name of Mother, Mary E. Greely
6. Mother's Maiden Name, Cherry
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph Greely
9. Father's Occupation Painter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Pratt St.

Remarks, 8950006252

Wm. J. C. Dulany Co., City Printers and Stationers.

(in connected) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become and it within the period above required, and every month to the office of the Commissioner of Health, in the form of a certificate between the 1st and 5th days of each month, and every person who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68772

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept. 22nd 1895
4. *Place of Birth, (Street and Number)* 1616 Marshall Ave
5. *Full Name of Mother,* Kate Robison
6. *Mother's Maiden Name,* Kate Wise
7. *Mother's Birthplace.* Baltimore Md.
8. *Full Name of Father,* Wm Robison
9. *Father's Occupation.* Glassblower
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Hungerford Hyland M.D.

Address, 1435 N. Broadway.

Remarks, 1 8 9 5 0 0 0 2 5 3

said schedule shall be delivered, duly signed by the priest, minister, or other person, a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should no other person be in the attendance of a physician or midwife, the person or persons in whose house the birth of any child shall occur shall be required to report the birth to the Commissioner of Health. In case the birth of any child shall occur upon the mother, immediately upon the birth of such child, the person or persons in whose house such child is born shall be required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68773

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Sept 22 - 1895
4. *Place of Birth, (Street and Number)* 253 S. Caroline St.
5. *Full Name of Mother,* Annie Brisco
6. *Mother's Maiden Name,* Cunningham
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Joseph Brisco
9. *Father's Occupation* Fireman on the Boat
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return: Mary Stein

Address, 1421 E. Pratt St.

Remarks,

8 9 5 0 0 0 6 2 5 4

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and the tenth days of each month, to the Commissioner of Health, under penalty of twenty dollars for every child born, shall occur without the attendance of a physician, or practitioner of midwifery, or should no other person than an attendant upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall neglect or refuse to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68774

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Sept 22 th 1895
4. *Place of Birth, (Street and Number)* 1918 Division St
5. *Full Name of Mother,* Ellen Brown
6. *Mother's Maiden Name,* Ellen Calloway
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Brown
9. *Father's Occupation* Waiter
10. *Father's Birthplace,* Jersey City

Name of Medical Attendant, or other person who makes this Return. Chester Coleman

Address. 5 W E Preston St

Remarks.

T 8950 0 0 6 2 5 5

Wm. J. C. Dulany Co., City Printers and Stationers.

Each schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or the person or parents of such child, or any other person who shall have charge of the mother, shall become aware of the birth of any child, shall report the birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter. It shall become and within the period above required, and any such person or persons who shall have failed to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68775

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 st.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 22 95
4. Place of Birth, (Street and Number) 2333 L. H. Av.
5. Full Name of Mother, Maurice A. Smith
6. Mother's Maiden Name, " " ~~Smith~~ Murtaw
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wm A. Smith
9. Father's Occupation, Conductor
10. Father's Birthplace, L. F. Frey

Name of Medical Attendant, or other person who makes this Return, 2414 Druid Hill Ave.

Address,

Remarks, 8 7 5 0 0 0 4 2 5 6

Wm J. C. Dulany Co., City Printers and Stationers.

Sec. 4. Every child shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, at the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and shall deliver to the Commissioner of Health, in the manner and within the provisions of this section shall be recoverable, by any person who shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68776

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 & Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) W. Girl
3. Date of Birth, 22 Sept. 1895
4. Place of Birth, (Street and Number) 624 W. Cross St. Balt. Md. D.
5. Full Name of Mother, Mrs Katie Albrecht
6. Mother's Maiden Name, Mrs Katie Abt
7. Mother's Birthplace, 620 W Cross St. Balt. Md. D.
8. Full Name of Father, Chas. Wm Albrecht
9. Father's Occupation Butcher
10. Father's Birthplace, Vegesack bei Bremen Germany

Name of Medical Attendant, or other person who makes this Return. M. R. Bunge

Address, 711 W. Cross St

Remarks,

1 8 9 5 0 0 0 6 2 5 7

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in the manner and within the time required, and shall come upon the mother, immediately after the birth of any child, or should no other person be in attendance as a physician or midwife, it shall become the duty of the person in charge of such child to report its birth to the Commissioner of Health, in the manner and within the time required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68777

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Sept 22 th 1895
4. *Place of Birth, (Street and Number)* 631 Hoffman St
5. *Full Name of Mother,* Mary Butler
6. *Mother's Maiden Name,* Mary Bondrole
7. *Mother's Birthplace,* Calvert County Md
8. *Full Name of Father,* John Butler
9. *Father's Occupation* Waiter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Hecter Colance

Address, 109 Preston

Remarks,

1 6 9 5 0 0 0 6 2 5 8

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month after such birth, to the Commissioner of Health. In case the birth of a child shall occur without the attendance of a physician or practitioner of midwifery, or if there be no other person in attendance upon such mother, immediately thereafter, it shall become and within the period above required, and the person in attendance upon such mother shall be the person or persons who shall be required to report the birth to the Commissioner of Health, and shall be liable to the provisions of this section, which shall apply to any such person or persons who shall fail to comply with the provisions of this section, shall be liable, and shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 68778

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 9-22-95.
4. *Place of Birth, (Street and Number)* 1206 E Lexington St.
5. *Full Name of Mother,* Yeddy Lichenstein
6. *Mother's Maiden Name,* Yeddy Richayski
7. *Mother's Birthplace,* Poland
8. *Full Name of Father,* Rudolph Lichenstein
9. *Father's Occupation,* Peddler
10. *Father's Birthplace,* Poland

Name of Medical Attendant, or other person who makes this Return. Eleonor Geer

Address,

Remarks, 1 8 9 5 0 0 0 6 2 5 9

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the person or persons so required to make the certificate between the first and third day of each and every month to the office of the Commissioner of Health, in the manner and within the period above required; and shall occur upon the mother, Commissioner of Health, in the manner and within the provisions of this section, shall be subjected to the fine of Ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 68779

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 22 September 1895
4. Place of Birth, (Street and Number) 1610 Aisquith St
5. Full Name of Mother, Mary Rich
6. Mother's Maiden Name, Mary Beauty
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James Rich
9. Father's Occupation Rich cap
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Louise Lustera

Address, 1112 Dulaney St

Remarks,

8 9 5 0 0 0 3 2 6 0

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, of the person or parents of such infant, it shall become the duty of the person or parents of such infant, or any person who may have charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above recited, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68780

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 22 1895
4. Place of Birth, (Street and Number) Rose st 218
5. Full Name of Mother, Annie Koagl
6. Mother's Maiden Name,
7. Mother's Birthplace, Bohaimen
8. Full Name of Father, Joseph Koagl
9. Father's Occupation Tailor
10. Father's Birthplace, Bohaimen

Name of Medical Attendant, or other person who makes this Return, Mary Koptes

Address, N Washington st 205

Remarks,

8 9 5 0 0 0 6 2 6 1

Wm. J. C. Dulany Co., City Printers and Stationers.

Sex, Color, Date of Birth, Place of Birth, Full Name and occupation of its parents, the date and place of birth; and the name and residence of the person or persons who shall have attended the birth of such child, in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case there shall be no other person to be in attendance, then the certificate shall be made by the person or parents of such child, or by the mother, immediately thereafter. In such manner and within the period above required, and such person or persons who shall have attended the birth of such child shall be liable to the penalties of this section, if they shall fail to comply with the provisions of this section, and shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68781

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth.* September 22 - 95
4. *Place of Birth, (Street and Number)* Towson St 1900
5. *Full Name of Mother,* Ina Fickl
6. *Mother's Maiden Name.* Brunk
7. *Mother's Birthplace.* Pennsylvania
8. *Full Name of Father,* Conrad Fickl
9. *Father's Occupation* Machinist
10. *Father's Birthplace,* Bavaria

Name of Medical Attendant, or other person who makes this Return. Johanes Jonke

Address. Garrett Ala 1269

Remarks.

1 8 9 5 0 0 0 6 2 6 2

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period prescribed; and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68782

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 22nd
4. *Place of Birth, (Street and Number)* 659 Lorland Ave
5. *Full Name of Mother,* Frida Szcahl
6. *Mother's Maiden Name,* Freida Goldber
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Charles Szcahl
9. *Father's Occupation* Constable
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who make this Return Dibligonda Dufii

Address, 8734 Pt Szlei Ave

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] the sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the clerk of every third day of each and every month to the office of the Commissioner of Health. In case the clerk of any third attendant or any other person shall be present at the birth, or should no other person be in attendance, and the mother be unable to make the return, the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68783

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept. 22/95

4. Place of Birth, (Street and Number) 231 S. Wolf Str.

5. Full Name of Mother, Bertha Prietz

6. Mother's Maiden Name, " Pausch

7. Mother's Birthplace, Germany

8. Full Name of Father, Herman Prietz

9. Father's Occupation Laberer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough St.

Remarks, 8950006264

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should any other person have charge of such child, upon the mother, the person under whose care it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 2-1-56

RETURN OF A BIRTH 68784

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Dorothy Thelma Diver 6th

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 22 1895
4. *Place of Birth, (Street and Number)* 1034 E. Eager
5. *Full Name of Mother,* Morgretta Diver
6. *Mother's Maiden Name,* Oertel
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Diver
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Philadelphia

Name of Medical Attendant, or other person who makes this Return. J. B. Schwatka M.D.

Address, 1003 N. Gay

Remarks,

1895 00052 65

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 68785

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 22. 1895
4. Place of Birth, (Street and Number) 913 Myrtle Ave.
5. Full Name of Mother, Annie J. Williams
6. Mother's Maiden Name, Johnson
7. Mother's Birthplace, Ireland.
8. Full Name of Father, Rippon Williams
9. Father's Occupation, Clerk
10. Father's Birthplace, England.

Name of Medical Attendant, or other Person who makes this Return. Mrs E. Morley M.D.

Address, 614 N. Howard St.

Remarks,

U 4 5 0 0 0 6 2 6 6

parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and fifteenth days of each and every month to the Office of the Commissioner of Health. In case of a birth of any child shall occur without the attendance of a practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall be the duty of the person or parents of such child, to report a birth to the Commissioner of Health, in the manner and within the period above specified, and any such person or persons who shall neglect or refuse to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Printers and Stationers.

RETURN OF A BIRTH. 68786

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sep 22, 1895
4. *Place of Birth, (Street and Number)* 127 Patapsco St
5. *Full Name of Mother,* Emma Meisser
6. *Mother's Maiden Name,* Emma Tolson
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* James Meisser
9. *Father's Occupation* Engineer
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, Dr R. E. Tuskey

Address, 1100 Hoffman St

Remarks. Having Well

1 8 9 5 0 0 0 3 2 6 7

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the knowledge of the physician or midwife, or should no other person be in attendance upon the mother, then it shall be the duty of the person or persons having charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68787

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth. Sept 23rd

4. Place of Birth, (Street and Number) 807 Cross St

5. Full Name of Mother, Louisa Schidl

6. Mother's Maiden Name, Louisa Lichtner

7. Mother's Birthplace. Baltimore

8. Full Name of Father, Charles Schidl

9. Father's Occupation Salesman

10. Father's Birthplace. Baltimore

Name of Medical Attendant, or other person who makes this Return, Hellgonda Olifi

Address. 5 [illegible] Robert St

Remarks,

said schedule shall be delivered, duly filled and signed by the practitioner in the form of a certificate between the first and third day of each and every month, or oftener, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person or persons be present at the birth, the mother, immediately after the birth, in the manner and within the period above required, and shall report its birth to the Commissioner of Health, in the manner and within the period above required, and shall report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 68788

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* W.
3. *Date of Birth,* 23 Sep. 1895.
4. *Place of Birth, (Street and Number)* 717 W. Lanvale st,
5. *Full Name of Mother,* Ella May Hewan,
6. *Mother's Maiden Name,* Anthony,
7. *Mother's Birthplace,* Balto. City,
8. *Full Name of Father,* John Geo. Hewan,
9. *Father's Occupation,* Door-keeper,
10. *Father's Birthplace,* Balto. City.

Name of Medical Attendant, or other person who makes this Return. J. L. Engle M.D.

Address, 1007 W. Lanvale

Remarks,

1 8 9 5 0 0 0 6 2 6 9

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, then the mother shall be the person to report such birth, and if any such child to report its birth to the Commissioner of Health, in the manner and within the period prescribed, or any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 68789

he Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

l of Mother, (state whether 1st, 2d, 3d, &c.) Eighth Child

te whether male or female) Male

Color, (if not of the white race) White

Birth, Born Sept 23 1895

Birth, (Street and Number) 1829 N. Henry St

me of Mother, Carrie E Potter

Maiden Name, Carrie E Barnhouse

Birthplace, Baltimore City

me of Father, Walter E Potter

Occupation, Spice Packer

Birthplace, Baltimore City

Medical Attendant, or other person who makes this Return. Mrs R Lurtle Colliver

No 1814 Dover St

6 Y 5 0 0 0 6 2 7 0

STATIONERY.

RETURN OF A BIRTH 68790

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether male or female), female

2. Race or Color (if not of the white race), white

3. Date of Birth, 23d inst

4. Place of Birth (Street and Number), 831 N Caroline St

5. Full Name of Mother, Olivia M Emory

6. Mother's Maiden Name, Olivia M Wilton

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Allen L Emory

9. Father's Occupation, Carriage Builder

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary E Price

Address, 1630 Ashland ave

Remarks, healthy Child

6950005271

of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

e Publishing Co., City Printers and Stationers

RETURN OF A BIRTH. 68791

he Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

of Mother, (state whether 1st, 2d, 3d, &c.) Fourth Child

te whether male or female) Footpale

Color, (if not of the white race) White

Birth, Born Sept 23

Birth, (Street and Number) No 1806 Dover St

me of Mother, Frances Reiley

Maiden Name, Frances Hourk

Birthplace, Baltimore City

me of Father, Lawrence Reiley

Occupation, Machinist

Birthplace, Baltimore City

Medical Attendant, or other person who makes this Return. Mrs Reiley Baltimore

No 1806 Dover St

E 750306272

STATIONERS.

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RETURN OF A BIRTH. 6877

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: William Rogers Schultz

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) third.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 28th 1895
4. *Place of Birth, (Street and Number)* 1500 Gay st
5. *Full Name of Mother,* Melvina (~~Helen~~) Schultz
6. *Mother's Maiden Name,* (~~Helen~~) Radcliffe
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Fred Schultz
9. *Father's Occupation* Cigar Maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Brunn

Address, 1600 N. Chester

Remarks,

6750006273

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68798

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Apr. 23rd 1895
4. *Place of Birth, (Street and Number)* 656 Clinton ave
5. *Full Name of Mother,* Mary H. Gill
6. *Mother's Maiden Name,* " Dysrity
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Geo E. Gill
9. *Father's Occupation* Fireman
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. C. M. Cook

Address, 1662 Myrtle ave.

Remarks,

6950006274

Wm. J. C. Dulany Co., City Printers and Stationers.

Regulation 14. Every Registrar of Births and Deaths shall enter the same on blank schedules, to be furnished by the Commissioner of Health. This schedule shall contain, in the birth which have occurred within his district during the preceding month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the Registrar, in the form of a certificate between the first and third days of each month, to the Commissioner of Health, in such form as he may direct. No fee or reward shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, the omission and within the period above required, and any neglect of duty on the part of any Registrar shall be deemed a misdemeanor, and the Registrar so neglecting shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68794

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* ~~Son~~ Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept. 23d 1895
4. *Place of Birth, (Street and Number)* 1703 McCulloh St.
5. *Full Name of Mother,* Lillian Offutt Kemp
6. *Mother's Maiden Name,* Offutt
7. *Mother's Birthplace,* Baltimore Co. Md.
8. *Full Name of Father,* Frank S. Kemp
9. *Father's Occupation* Book Keeper
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, E. L. Davis M.D.

Address, 1835 E. Baltimore St.

Remarks, 8 9 5 0 0 0 6 2 7 5

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68795

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Sept 23 — 1895
4. Place of Birth, (Street and Number) 41 S. Dallas St.
5. Full Name of Mother, Pauline Bradfort
6. Mother's Maiden Name, Foyce
7. Mother's Birthplace, Washington D.C.
8. Full Name of Father, George Bradfort
9. Father's Occupation Processor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who made this Return, Mary Stein

Address, 1427 E. Fratt St.

Remarks, 8950006276

Wm. J. C. Dulany Co., City Printers and Stationers.

Said schedule shall be delivered, duly filled up, to the office of the Commissioner of Health, in the city of Baltimore, within twenty-four hours after the birth, or within twenty-four hours after the first attendance upon the birth by the attending physician or midwife, or should no physician or midwife be in attendance upon the birth, then the father or mother of the child, or the person in charge of the house where the child shall be born, shall within the period above required, and shall occur without the city, immediately thereafter, in the manner and within the time prescribed by the provisions of this section, shall, in the city, deliver a schedule of the birth to the Commissioner of Health, in the manner and within the time prescribed by the provisions of this section, shall be recoverable, and any person or persons who shall neglect or refuse to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68796

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 23rd of September 95

4. Place of Birth, (Street and Number) 869 St Peter St

5. Full Name of Mother, Emile Ittner

6. Mother's Maiden Name, Emile Reinschka

7. Mother's Birthplace Germany

8. Full Name of Father, John Ittner

9. Father's Occupation Lockschmidt

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Friederike Keseler Midwife

Address, 2116 W Pratt St.

Remarks,

8 9 5 0 0 0 3 2 7 7

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] sex, color, duly signed by the Health Commissioner of Health, or other person who shall be authorized by the Commissioner of Health, to receive the birth of any child said schedule shall be delivered every month to the officer or practioner of whom the duty of the person above required, and shall occur upon the mother's premises, in the manner and within the period above required, and third day of each month the attendance of any person who shall neglect or refuse to comply with the provisions of this section shall be subject to report the birth of any child hereafter, shall be guilty of a misdemeanor, and upon conviction thereof, shall be punished by a fine not exceeding five hundred dollars, or imprisonment in the city jail not exceeding six months, or both, at the discretion of the court; and any such person or persons who shall hereafter be convicted of a second offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68797

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 23 95
4. *Place of Birth, (Street and Number)* 1515 E Fayette Street
5. *Full Name of Mother,* Mary Harris
6. *Mother's Maiden Name,* " Vronovitch
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Edward Harris
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* German

Name of Medical Attendant, or other person who makes this Return, Geo W Stobbinell

Address. The Johns Hopkins Hospital.

Remarks, Child died Sept 28th Certificate signed by G Brown Miller & D.

0 0 6 2 7 8

said schedule shall be delivered, duly signed by the practitioner, in the case of the parents, the date and place of birth; and the attendance upon such birth to the Commissioner of Health, within the period above prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68798

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 23 1895
4. Place of Birth, (Street and Number) Chapple st 426
5. Full Name of Mother, Eva Elizabeth
6. Mother's Maiden Name, Popp
7. Mother's Birthplace, Germany
8. Full Name of Father, George Elizabeth
9. Father's Occupation Labor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Sopatta

Address, N Pearkington st 20

Remarks, 8950003279

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and tenth day of each and every month, at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon such birth, the mother of such child shall become the duty of the parents of such child to report to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68799

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 23 95
4. Place of Birth, (Street and Number) 2861 Fulton Ave.
5. Full Name of Mother, Mary C. Sutch
6. Mother's Maiden Name, " " " Watts
7. Mother's Birthplace, Balto Co
8. Full Name of Father, Walter S. Sutch
9. Father's Occupation, Motorman
10. Father's Birthplace, Balto Co

Name of Medical Attendant, or other person who makes this Return, L. F. Fry

Address, 2414 ~~State~~ Hill Ave.

Remarks, 6950006280

Will be delivered, duly signed by the practitioner in the form of a certificate between the first and tenth days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of any medical or practitioner of midwifery, the person or parents of such child is required to give notice immediately thereafter it shall become the duty of the person or parents of such child to report the same to the Commissioner of Health, in the period above required, and upon failure so to do, the person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68800

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Reginald Irving ~~Hall~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 23 1895
4. *Place of Birth, (Street and Number)* 301 Gorsuch Avenue
5. *Full Name of Mother,* Amy E. Hall
6. *Mother's Maiden Name,* Shott
7. *Mother's Birthplace,* England
8. *Full Name of Father,* Robert E. L. Hall
9. *Father's Occupation* Attorney at Law
10. *Father's Birthplace,* U.S.A.

Name of Medical Attendant, or other person who makes this Return. H. Young Westbrook M.D.

Address, 237 Gorsuch Avenue

Remarks, BIRTH DATE ADDED. 7-21-52

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said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68801

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Sept 23d/95
4. Place of Birth, (Street and Number) Maternity 113+115 N. Lombard St
5. Full Name of Mother, Mary Lee
6. Mother's Maiden Name, Mary Claybourne
7. Mother's Birthplace, Richmond Va
8. Full Name of Father, William Lee
9. Father's Occupation Laborer
10. Father's Birthplace, Richmond Va

Name of Medical Attendant, or other person who makes this Return, Chas. E. Brack M.D.

Address, 113+115 N. Lombard St

Remarks,

8 9 5 0 0 0 6 2 8 2

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the mother or nurse shall within the period above recited, report the birth of such child to the Commissioner of Health, in the manner and within the period above recited, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68802

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth.* Sept 23 1892
4. *Place of Birth. (Street and Number)* 101 S Exeter St
5. *Full Name of Mother,* Sarah Erdlesser
6. *Mother's Maiden Name,* Sarah Siegell
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Harris Cohen
9. *Father's Occupation* Tailor
10. *Father's Birthplace.* Russia

Name of Medical Attendant, or other person who makes this Return, Mrs H Feldman

Address, 1013 E Lombard St

Remarks, 6750005283

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68803

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Multi

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 24 1895
4. *Place of Birth, (Street and Number)* 1503 E. North Ave -
5. *Full Name of Mother,* Mattie A. Mastenet
6. *Mother's Maiden Name,* Mattie A. Lange
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Simon J. Mastenet, Jr.
9. *Father's Occupation* Insurance Writer -
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. J. Mastenet

Address, 1701 N. Caroline St.

Remarks, 1 8 9 5 0 0 0 6 2 8 4

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the number of the child of its mother, in the form of a certificate between the first and third days of each month, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person so in attendance upon the mother, immediately thereafter, to report such birth within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68804

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jul 2 1895
4. *Place of Birth, (Street and Number)* 812 Gore St
5. *Full Name of Mother,* Ella Gore
6. *Mother's Maiden Name,* Ella Hall
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Gore
9. *Father's Occupation* Baker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. L. Lemmon

Address, 812 Gorsuch St.

Remarks,

1895U005285

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the other person be in attendance or a physician or midwife shall not be present at the birth of any child shall occur upon the mother, immediately upon the mother and the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of Ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68805

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, September 24th 95
4. Place of Birth, (Street and Number) 1825 E. Madison
5. Full Name of Mother, Ada Bennett
6. Mother's Maiden Name, Ada Fowler
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wm Bennett
9. Father's Occupation Carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Louise Gross

Address, 1917 E. Monument St.

Remarks, 1 8 9 5 0 0 0 6 2 8 6

Said schedule shall be delivered duly signed by the attending physician or midwife, or other person in charge of the case, or the parent or parents of such child, to the Registrar of Vital Statistics, Board of Health, Baltimore City, in the form of certificate between the first and tenth days of each and every month, in the manner and within the period above required and prescribed by the Commissioner of Health. In case the birth shall occur without the attendance of a physician or midwife, it shall become the duty of the person above required to be in attendance, or the mother, immediately after the birth, to comply with the provisions of this section, or be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. 68806

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th name: Elmer V. Young

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 24th 1895
4. *Place of Birth, (Street and Number)* 704 Portland st
5. *Full Name of Mother,* Maggie Young
6. *Mother's Maiden Name,* Maggie Harrington
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Samuel D B Young
9. *Father's Occupation* Tiner
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Mrs Bange

Address, 711 N. Gross st

Remarks,

8 9 5 0 0 0 5 2 8 7

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health, or should no other person, within the time aforesaid, give the attendance of a physician or practitioner, or should the person above required, and shall occur without the attendance of a physician or practitioner, in the manner and within the time required, and shall neglect to report its birth to the Commissioner of Health, in the manner and within the time required, and shall neglect to report its birth to the Commissioner hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 68807

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (State whether male or female) Male.
2. Race or color, (if not of the white race) White.
3. Date of Birth, Sept 24. 1895.
4. Place of Birth, (Street and Number) 1902 E. Baltimore St.
5. Full Name of Mother, Augusta Shaw
6. Mother's Maiden Name, " Deady
7. Mother's Birthplace, Baltimore
8. Full Name of Father, J. E. Shaw
9. Father's Occupation, Music Teacher
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Alfred Wanstatt M.D.

Address, 921 Catherine St.

Remarks, 1 8 9 5 0 0 0 3 2 8 8

RETURN OF A BIRTH. 68808

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child, Henry Roemer Jr.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 24 of September 1895.
4. *Place of Birth, (Street and Number)* 1804 Hanselmann Ave
5. *Full Name of Mother,* Margaretha ~~Romer~~ Roemer
6. *Mother's Maiden Name,* Margarethe Stolle
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* ~~John Snider~~ Henry Roemer Sr.
9. *Father's Occupation,* Butcher Baker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, J. Mrs Ed. Hille

Address, 208 N. Castle St.

Remarks, 8950003289

Any person who shall make or cause to be made any false or fraudulent return or record of a birth, or shall refuse or neglect to make a return or record of a birth, or shall neglect or refuse to make any report to the Commissioner of Health, or shall make any other report than the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time specified herein, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68809

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. *Sex, (state whether male or female)* Girl.
2. *Race or Color, (if not of the white race)* white.
3. *Date of Birth,* 24. September.
4. *Place of Birth, (Street and Number)* N. 222. Washington. Str.
5. *Full Name of Mother,* Magdalena Gümber.
6. *Mother's Maiden Name,* Magdalena Gassman.
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* Peter Gümber.
9. *Father's Occupation* Laborman.
10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other person who makes this Return, Mary Gauss.

Address, N. 9. West. Street.

Remarks,

L 6 9 5 0 0 0 5 2 9 0

Wm. J. C. Dulany Co., City Printers and Stationers.

Sec. 3. And be it further enacted, that the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or shall be in other respects of such a nature as to make it impossible for a physician or midwife to shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68810

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Sept 24 1899
4. *Place of Birth, (Street and Number)* 1620 Eastern Ave
5. *Full Name of Mother,* Christine Schreiner
6. *Mother's Maiden Name,* Frischers
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wm Schreiner
9. *Father's Occupation* Potter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Steiger

Address, 1427 E Pratt St.

Remarks,

8950006291

such schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, as aforesaid; and if any such child shall occur without the attendance of a practitioner or midwifery, or should no other person be in attendance upon the mother, the mother, if able, shall hereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68811

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether* [redacted] *or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 24th September
4. *Place of Birth, (Street and Number)* 27 E. West St
5. *Full Name of Mother,* Mary M Lehr
6. *Mother's Maiden Name,* Mary M Heim
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John F Lehr
9. *Father's Occupation* Tinner
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Katie Münch

Address, 800 Leadenhall Street.

Remarks, 8 9 5 0 0 0 6 2 9 2

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health. In all cases where a birth or any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above specified, and any such person or persons who shall neglect or fail to comply with the provisions of this section within the time specified, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68812

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 24th 1895
4. Place of Birth, (Street and Number) 912 S. Wolf st
5. Full Name of Mother, Frances Peterson
6. Mother's Maiden Name, Frances Ayes
7. Mother's Birthplace, Germany
8. Full Name of Father, Peter Peterson
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs M. E. Dunger

Address, 768 Frederick ave City

Remarks, 8950006293

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 4-13-60

RETURN OF A BIRTH. 68813

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Audrey Ruppel

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First ✓

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 24th 1895
4. *Place of Birth, (Street and Number)* 12 W Hill St
5. *Full Name of Mother,* Martha Ruppel
6. *Mother's Maiden Name,* Martha Stewart
7. *Mother's Birthplace,* North Carolina
8. *Full Name of Father,* John W Ruppel
9. *Father's Occupation* Merchant
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, B F Phillips M.D

Address, 753 W Lexington St

Remarks,

8 9 5 U 0 0 6 2 9 4

Wm. J. C. Dulany Co., City Printers and Stationers.

Each and every birth is to be registered, and the sex, color, the full name and occupation of its parents, the date and place of birth, and the name of the child if it be given, shall be duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, the same shall be reported by the parents or other person in charge of such child within five days from the date of such birth, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 68814

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) I

1. *Sex*, (*State whether male or female*) Male
2. *Race or color*, (*if not of the white race*) White
3. *Date of Birth*, Sept 24-95
4. *Place of Birth*, (*Street and Number*) 1338 W. Pressman St
5. *Full Name of Mother*, Sarah Reese Black
6. *Mother's Maiden Name*, Reese
7. *Mother's Birthplace*, Carroll Co. Md.
8. *Full Name of Father*, Thos. W. Black
9. *Father's Occupation*, Bar tender
10. *Father's Birthplace*, Balto. Md.

Name of Medical Attendant, or other person who makes this Return. J. Wm. Funck M.D.

DR. J. WM. FUNCK.
101 N. FULTON AVENUE.
BALTIMORE.

Address,

Remarks, Child lived one hour, Death certificate of Thos. Black, Same date.

1 8 9 5 0 0 8 5 2 9 5

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of certificate herein, to the parent, and third day of each month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. B. BULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 68815

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Sept. 24/95
4. Place of Birth, (Street and Number) 539 Gold St.
5. Full Name of Mother, Emma F. Evans
6. Mother's Maiden Name, Fredrick
7. Mother's Birthplace, Balto
8. Full Name of Father, Lewis Evans
9. Father's Occupation Clerk
10. Father's Birthplace, Carroll Co. Md.

Name of Medical Attendant, or other person who makes this Return, J. H. Christian M. D.

Address,

Remarks,

8950003296

said schedule shall be delivered, duly signed by the attendant, or other person who makes the return, in the form of a certificate to the Registrar of Vital Statistics, or to such person as he may appoint, within twelve hours after the birth of any child born within the city of Baltimore, and every month to the Commissioner of Health, or such other person as he may appoint, a schedule of all such births, which shall occur without the attendance of a physician or practitioner of medicine, and within the period last aforesaid, and immediately thereafter, in like manner and within the period last aforesaid, each such attendant upon the birth to the Commissioner of Health to comply with the provisions of this section shall be subject to a penalty of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68816

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 24th September
4. *Place of Birth, (Street and Number)* 825 E. Eager St.
5. *Full Name of Mother,* Cecilia M. Trowell
6. *Mother's Maiden Name,* Cecilia M. Gannon
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* William J. Trowell
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, Mrs. Cunningham

Address,

Remarks,

8950006297

Wm. J. C. Dulany Co. City Printers and Stationers.

[illegible] shall be delivered, duly signed by the practitioner in the form of certificate herein provided, to the said [illegible] said schedule shall be delivered, duly signed by the practitioner in the form of certificate herein provided, to the said [illegible] third day of each and every month to the officer or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time prescribed and any such person or persons who shall hereof fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68817

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Colored Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Sept 24th

4. Place of Birth, (Street and Number) 208 Peach Alley

5. Full Name of Mother, Alverter Monkey

6. Mother's Maiden Name, Alverter Indian W

7. Mother's Birthplace, Baltimore

8. Full Nume of Father, Robert Monkey

9. Father's Occupation, Crow Man

10. Father's Birthplace, Eastern Shore Md

Name of Medical Attendant, or other person who makes this Return, Louise Handford

Address, H 104 York St

Remarks, 8950006298

Wm J. C. Dulany Co., City Printers and Stationers.

Note.—Any person who shall fail to make every attempt to the office of the Comptroller of Health, or shall no other person be present at the birth, immediately after the birth, shall become the duty of the person or persons required and shall report the birth to the Board of Health, for the manner and within the time specified in this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Note.—Any person who shall fail to make every attempt to the office of the Comptroller of Health, in case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be present at the birth, immediately after the birth, shall become the duty of the person or persons required and shall report the birth to the Board of Health, for the manner and within the time specified in this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68818

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Sept 24th 1895
4. *Place of Birth, (Street and Number)* 418 Roland Ave Hampden
5. *Full Name of Mother,* Elizabeth C. Machin
6. *Mother's Maiden Name,* Elizabeth C. Smith
7. *Mother's Birthplace,* Frederick Co. Md.
8. *Full Name of Father,* Francis J. Machin
9. *Father's Occupation,* Employee in cotton factory
10. *Father's Birthplace,* Balt. Co. Md

Name of Medical Attendant, or other person who makes this Return. Geo. T. Shower, M.D.

Address, 421 Roland Ave. Hampden

Remarks, 1895000299

said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate hereunto the first and seventh day of each month to the office of the Commissioner of Health. In case the said or any child shall occur without the attendance of a physician, midwife, or other person, the person or parents of such child to report its birth to the Commissioner of Health, in the manner prescribed in this section, within the period above fixed, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68819

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept. 24. 1895
4. *Place of Birth, (Street and Number)* 410 N. Hoffman St.
5. *Full Name of Mother,* Blanche Buck Leimer
6. *Mother's Maiden Name,* Blanche Fillers
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* Edward Buck Leimer
9. *Father's Occupation* Huckster
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, Louise Eabow, M. D. Res. Phys.

Address, Maternité Maryland Med. College

Remarks, 410 Hoffman St. West

1 8 7 5 0 0 0 6 3 0 0

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, or midwife, or other person, the duty of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68820

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 three children

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* September the 7th 1925
4. *Place of Birth, (Street and Number)* 304 Longwood Alley Baltimore
5. *Full Name of Mother,* Eliza Lyons
6. *Mother's Maiden Name,* Eliza Thompson
7. *Mother's Birthplace,* West Virginia
8. *Full Name of Father,* Stephen Henry Lyons
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore Maryland

Name of Medical Attendant, or other person who makes this Return. Fannie Myers

Address, 722 Gradley Street Baltimore Md

Remarks,

8 7 5 0 0 0 3 3 0 1

been conferred) its sex, color, the full name and occupation of its parents, the place of birth and such other facts as may be required by the Commissioner in the form of a certificate herewith delivered, duly signed by the attending physician or midwife, or in default thereof, the child shall be delivered, duly signed by the Commissioner of Health. In case no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required shall be the duty of each and every month of a physician or practitioner of midwifery, or the person or parents of such child, to report its birth to the Commissioner of Health, and no other person shall be authorized to report its birth to the Commissioner of Health, and any such person who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

ERE. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 68821

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 6

1. *Sex*, (*state whether male or female*) Male
2. *Race or Color*, (*if not of the white race*) W
3. *Date of Birth*, 9-24-95
4. *Place of Birth*, (*Street and Number*) 255 N Exeter St
5. *Full Name of Mother*, Sarah Weinstein
6. *Mother's Maiden Name*, Sarah Abramo
7. *Mother's Birthplace*, Germany
8. *Full Name of Father*, Abe Weinstein
9. *Father's Occupation*, Tailor
10. *Father's Birthplace*, Germany

Name of Medical Attendant, or other person makes this Return, Adam Geer

Address,

Remarks,

8 9 5 0 0 0 6 3 0 2

ESM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 68822

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VII

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 24/95
4. Place of Birth, (Street and Number) 401 N. Bradford Str.
5. Full Name of Mother, Elizabeth Kuhn
6. Mother's Maiden Name, " Bucher
7. Mother's Birthplace. Germany
8. Full Name of Father, Gustav Kuhn
9. Father's Occupation. Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Deisenhofer

Address, 2225 Gough St.

Remarks, 8950006303

Wm. J. C. Dulany Co., City Printers and Stationers.

Sec. 50. Be it ordained, That the full name and occupation of its parents, the date and place of birth, and the sex of every child born within this City, shall be delivered, duly signed and attested, to the Registrar of Vital Statistics, by the person or persons who shall have delivered such child, or by the person or persons who shall have attended upon the mother at the birth of any child, or by the person in whose house or premises such birth shall have taken place, or by the person in charge thereof, within twenty-four hours after such birth, and every month to the Registrar of Vital Statistics, a certificate between the 1st and 10th days of each and every month, of all such births which shall have taken place within the preceding month, and in default thereof, or if any such certificate be false in any material particular, the person or persons who shall have delivered such certificate, or who shall have attended upon the mother at the birth of such child, or who shall have been in charge thereof, or who shall have been the person in whose house or premises such birth shall have taken place, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

5/17/66

CERTIFICATE AMENDED

RETURN OF A BIRTH. 68823

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: FRANCIS ~~JOSEPH~~ PLUCIAK

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 24 September 1895
4. *Place of Birth, (Street and Number)* Bethel St. 506
5. *Full Name of Mother,* Magdalen ~~Pluciak~~ PLUCIAK
6. *Mother's Maiden Name,* Beutter
7. *Mother's Birthplace,* Pole
8. *Full Name of Father,* Frank ~~Pluciak~~ PLUCIAK
9. *Father's Occupation* Work-man
10. *Father's Birthplace,* Pole

Name of Medical Attendant, or other person who makes this Return, Mary Gretl

Address, S. Bond St. 838

Remarks,

8 Y 5 U 0 0 6 3 0 4

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] Code, Art. 19, Sec. 62, Code of Public General Laws, 1924, the name and occupation of the parents, the name and place of birth, and the date of birth of each child born in the State of Maryland, must be filed in the office of the Registrar of Vital Statistics, Baltimore City, within ten days after the birth, or if born in any other place than Baltimore City, within ten days after the birth of such child, the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in the manner and form as required by law, and the attendant upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to do so, or who shall violate any other provision of this section, shall be subject to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68824

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 24 September 95
4. Place of Birth, (Street and Number) 1006 N. Chapel St.
5. Full Name of Mother, Rosa Rumkle
6. Mother's Maiden Name, Rosa Schrmak
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Joseph Schrmak
9. Father's Occupation Tailor
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return. Josephian Conrad

Address, 1621 Barnes St Balto Md

Remarks,

8 9 5 0 0 0 6 3 0 5

said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every attendance of a physician or other person who shall attend upon the mother, immediately after the birth of a child, to report its birth to the Commissioner of Health, in the manner and with the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 68825

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.)

1. Sex (state whether male or female), male
2. Race or Color (if not of the white race), White
3. Date of Birth, Sept 24 1895
4. Place of Birth (Street and Number), 133 W Preston
5. Full Name of Mother, Maggie C Whelan
6. Mother's Maiden Name, " Caughlan
7. Mother's Birthplace, Ireland
8. Full Name of Father, Pat. Whelan
9. Father's Occupation, Coachman
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. C B Gamble

Address, 921 Cath

Remarks,

8 9 5 0 0 0 3 3 0 5

[illegible] shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health. In case the birth shall occur without the attendance of a physician or practitioner of midwifery, or should any other person be in attendance upon the mother, immediately thereafter it shall become the duty of the midwife or other person, and in default thereof the parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any each person so offending who shall have failed to comply with the provisions of the section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[illegible]ance Publishing Co., City Printers and Stationers

RETURN OF A BIRTH. 68826

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 24 1895
4. Place of Birth, (Street and Number) 1014 E Lombard St
5. Full Name of Mother, Libby Cooper
6. Mother's Maiden Name, Russia Cooper
7. Mother's Birthplace, Isaac Cooper
8. Full Name of Father, Coppersmith
9. Father's Occupation Russia
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Mary F. Adman

Address, 1012 E Lombard St

Remarks, 0750003307

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and shall occur without a physician or person in attendance, it shall become the duty of the person in charge of such office to procure the birth to be certified to, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 68827

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 24, 1895
4. Place of Birth, (Street and Number) 615 W. German St.
5. Full Name of Mother, Mary Josephson
6. Mother's Maiden Name, Mary Kobilsky
7. Mother's Birthplace, Vinitza, Russia
8. Full Name of Father, Joseph Chaim Josephson
9. Father's Occupation, Physician
10. Father's Birthplace, Sharlan, Russia

Name of Medical Attendant, or other person who makes this Return. L. A. Wauchenheimer M.D.

Address, 25 S. Eden St.

Remarks, 8950006308

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said school or teacher shall be delivered, duly signed by the Commissioner of Health, a certificate between the first day of each and every month, to the office of the Commissioner of Health, in the form of a certificate of such attendance, which said certificate shall be prima facie evidence of such attendance; and in case the birth person be in attendance upon the birth to the Commissioner of Health, in such manner and within the period above required, shall occur without a mother, immediately upon the duty of the person or other person shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

THE A. G. BRADLEY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 68828

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female.
2. Race or Color, (if not of the white race)
3. Date of Birth, 24th September 1895.
4. Place of Birth, (Street and Number) 1237 Hare street.
5. Full Name of Mother, Marie Schutta
6. Mother's Maiden Name, — Gaabriel.
7. Mother's Birthplace, Germany.
8. Full Name of Father, Josep Schutta
9. Father's Occupation Laborer
10. Father's Birthplace, Ruslan.

Name of Medical Attendant, or other person who makes this Return, Mrs P Liersemann

Address, 1208 Hare st.

Remarks,

8 9 5 0 0 0 6 3 0 9

and which child shall be delivered, duly signed by the practitioner, by the birth of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner of midwifery, or should no other person be in attendance upon the mother, it shall be the duty of the person or persons so in attendance upon the mother, or in the absence of such person or persons, the mother herself, to make and deliver to the Commissioner of Health, in the manner required, and within the period above specified, a certificate of such birth, in the form and to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68829

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City:

No of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.), Fourth

1. *Sex*, (*state whether male or female*) Male
2. *Race or Color*, (*if not of the white race*) White
3. *Date of Birth*, Sept 24 1895
4. *Place of Birth*, (*Street and Number*) 1413 N. Gilliam St.
5. *Full Name of Mother*, Annie C. Helling
6. *Mother's Maiden Name*, Wagner
7. *Mother's Birthplace*, Penna
8. *Full Name of Father*, Henry C. Helling
9. *Father's Occupation*, Not Dead
10. *Father's Birthplace*, Germany

Name of Medical Attendant, or other person who makes this Return, J. N. Dorsey M.D.

Address, 1521 E. Eager St.

Remarks, 8950006310

Wm J. C. Dulany Co., City Printers and Stationers.

Whoever shall make false return of a birth, shall be guilty of a misdemeanor, and shall be fined not less than ten dollars nor more than fifty dollars, or imprisoned not more than ten days, or both, at the discretion of the court. In case the birth of any child shall occur without the attendance of a physician, the person or persons in charge of such child to report the birth to the Commissioner of Health, in the manner and within the period required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 7-23-5-

RETURN OF A BIRTH. 68830

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Ethel Pearl Mahon

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, September 24, 1895.
4. Place of Birth, (Street and Number) 101 Nt. Vernon St.
5. Full Name of Mother, Minnie C. Mahon.
6. Mother's Maiden Name, Rauecker.
7. Mother's Birthplace, Pa.
8. Full Name of Father, Joseph F. Mahon.
9. Father's Occupation Md.
10. Father's Birthplace, Cotton Mill operative. Md.

Name of Medical Attendant, or other person who makes this Return, Elbert Mitchell M.D.

Address. 291 Chestnut ave.

Remarks,

8950006311

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 1-9-66

RETURN OF A BIRTH. 08831

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Julius Herbert Bosse

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 1895 September 24
4. Place of Birth, (Street and Number) 184 Lorman St
5. Full Name of Mother, Alice Bosse
6. Mother's Maiden Name, Alice Swift
7. Mother's Birthplace, Virginia
8. Full Name of Father, Lewis Bosse
9. Father's Occupation, Produce dealer (Sh. St. Rochester)
10. Father's Birthplace, Washington D.C.

Name of Medical Attendant, or other person who makes this Return. Geo. W. Wasson M.D.

Address, 1108 N. Eutaw St

Remarks, Usual Case

8950006312

and collectively shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, then the mother, or in her absence, the father or other relative of the family, is required, such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 68832

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Sept 24. 1895
4. Place of Birth, (Street and Number) 410 N. Hoffman St.
5. Full Name of Mother, Lizzie Fisher
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Washington D.C.
8. Full Name of Father, Thomas Riley
9. Father's Occupation Driver
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Louise Eaton M. D. Res. Physician

Address, Naturopathic Homœopathic Med. College

Remarks, 410 Hoffman St. West

8 9 3 0 0 0 6 3 1 3

Wm. J. C. Dulany Co., City Printers and Stationers.

This Return is to be filled up by the attendant in the form of a certificate between the first and third day of each and every month after the birth of a child. In case the birth of a child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any whoever shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68833

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept. 25 1895
4. *Place of Birth, (Street and Number)* 2411 Fairmount
5. *Full Name of Mother,* Maggie Exter
6. *Mother's Maiden Name,* Sophia Andrew
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* Frank Exter
9. *Father's Occupation* Tailor Keeper
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return, Geo. C. Lenhart

Address, 1211 Carrollton Ave.

Remarks,

8950006314

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and fifth day of each and every month, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall neglect or refuse to comply with the provisions of this section shall, for each offence, be liable to the fine of ten (10) dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68834

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 25th Sept 1895
4. *Place of Birth, (Street and Number)* 1507 Boonaugh St
5. *Full Name of Mother,* Josephine Smith
6. *Mother's Maiden Name,* Tillery
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Ernestein Smith
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Elizabeth Gravell

Address, 436 E Fort Ave

Remarks,

8 9 5 0 0 0 6 3 1 5

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case of a birth of a live child, if such schedule shall not be delivered, or if a number of consecutive days shall elapse, during which no other person be in attendance upon the mother, or if a stillbirth shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be and is hereby subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68835

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth.—

1. *Sex, (state whether male or female)* Female
2. *Race or Color. (if not of the white race)* White
3. *Date of Birth,* September 25. 95.
4. *Place of Birth. (Street and Number)* No. 1508 N. Regester St.
5. *Full Name of Mother,* Mrs. Kate Gossage
6. *Mother's Maiden Name,* Kate Crouey
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William L. Gossage
9. *Father's Occupation* Painter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. W. C. Sandrock

Address, 1242 N. Broadway

Remarks, 5950008316

said schedule shall be delivered, duly signed by the attendant, to the parents of the parents, the date and place of birth; and the third day of each and every month, or thereafter, shall be delivered to the Commissioner of Health. In case the birth of any child shall occur without the presence of a physician or practitioner of midwifery, or should the parents or parents of such child be unable to report the birth in the form of a certificate between the first and third days, the same shall be reported to the Commissioner of Health, in the form above required, and within the period above required, and a certificate from the Commissioner of Health, in the form above required, and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68836

GIVEN NAME ADDED 8-8-57

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Laurence Joseph Rosenberger

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 25/45
4. Place of Birth, (Street and Number) 731 N. Washington Str.
5. Full Name of Mother, Susana Rosenberger
6. Mother's Maiden Name, " Weisels
7. Mother's Birthplace, Balto.
8. Full Name of Father Lorenz Rosenberger
9. Father's Occupation Tailor
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. Mrs. Deisenhofer

Address, 2225 Gough St.

Remarks,

8950006317

Wm. J. C. Dulany Co., City Printers and Stationers.

Every female child born in this City shall have a given name, and every male child born in this City shall have a given name or a middle name, and the sex, color, date and place of birth, and the full name, occupation and place of birth of its parents, be duly signed by the practitioner in the form of a certificate between the first and third days and delivered, or mailed, within the first month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become and within the period above required, and duty of every person in attendance upon such mother or other person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68837

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color (if not of the white race) Colored
3. Date of Birth, Sept 25 1895
4. Place of Birth, (Street and Number) 1101 Russell St
5. Full Name of Mother, Lydia ~~Johnson~~
6. Mother's Maiden Name, Lydia Anderson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Wesley Johnson
9. Father's Occupation Labor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Abilla Brooks

Address, 132 Warren St.

Remarks, Living well

L 7 5 0 0 0 5 3 1 8

Each convictions of 22 Code, Art. 30 Home and Social Laws, relating to a certificate between the first and second stitches shall be delivered, duly signed by the practitioner in the form of a certificate between the first and second stitches shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in the manner and within the period above recited, and shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon such birth, shall thereafter it shall become the duty of the person or parents of such child to report such birth to the Commissioner of Health, in the manner and within the period above recited, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be and are hereby subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co. City Printers and Stationers.

GIVEN NAME ADDED 9-13-57 68838

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Madeline Viola Haas

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 25 1926
4. Place of Birth, (Street and Number) 121 Conway
5. Full Name of Mother, Pearl L. Haas
6. Mother's Maiden Name. Essex
7. Mother's Birthplace, Baltimore
8. Full Name of Father. John Haas
9. Father's Occupation. Laborer
10. Father's Birthplace, Washington

Name of Medical Attendant, or other person who makes this Return. Sarah E. Bunger

Address. 121 Conway St

Remarks. 645000319

The above line shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to a physician or practitioner at the place of the Commissioner of Health, or should no other person be in attendance at the birth of any child, the parents, or either of them, or other person in charge of such child, shall, without the attendance of a physician or practitioner, come the duty of the parents or parents of such child, once upon the mother, to report to the Commissioner of Health, in the manner and within the period above required, and report to the Commissioner of Health, in the manner and within the provisions of this section shall be and any such person or persons who shall neglect or fail to comply with the other fines and forfeitures are recoverable, jectcel to the fine of ten (10) dollars for each offence, to be recovered as other fines.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68839

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct Sept. 25th 1895
4. Place of Birth, (Street and Number) 1528 W. Lanvale St
5. Full Name of Mother, Annie Winkelmann
6. Mother's Maiden Name, " " Aull
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Winkelmann
9. Father's Occupation, Bookkeeper
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm Gombal M.D.

Address, 837 W. Fayette St

Remarks, 1895 0006320

Wm J C. Dulany Co., City Printers and Stationers.

[illegible] by the Commissioner of the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance who shall be hereunder or under any other provision of this section shall be and shall report the birth to the Commissioner of Health, in the manner and within the period above required and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68840

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* July 23
4. *Place of Birth, (Street and Number)* 1534 Madison St
5. *Full Name of Mother,* Jennie Lindsay
6. *Mother's Maiden Name.* Jennie Johnson
7. *Mother's Birthplace.* Baltimore Md
8. *Full Name of Father.* James Henry Lindsay
9. *Father's Occupation* Porter Bethlehem Co Plant
10. *Father's Birthplace,* Free Negro
    Name of Medical Attendant, or other person who makes this Return. Mrs Sarah Cooper
    Address. 1610 Kings Av Baltimore
    Remarks.

8950003321

Sec. 4. Be it further enacted, that it shall be the duty of each physician or practitioner in the form of a certificate between the first and third day of each and every month to report to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person or persons of such birth come to the office of the Commissioner of Health within the period above required, and shall immediately therefrom, in the manner and without the fees required, and upon the birth of any child, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68841

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, September 25 - 1895
4. Place of Birth, (Street and Number) 16 H Leatrobe st Baltimore
5. Full Name of Mother, Mary McCarthy
6. Mother's Maiden Name, Mary Welsh
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Charles B Welsh
9. Father's Occupation Carpenter
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Mrs Wooden

Address, 1816 East Hoffman st

Remarks,

1 8 9 5 0 0 0 6 3 2 2

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in the case of the birth of any child attended by a physician or practitioner, or shall be delivered by the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above specified, if no other person be in attendance upon the mother, immediately thereafter; and it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above specified, if any such person or persons shall neglect or refuse to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68842

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Black
3. Date of Birth, Sept 25th 95
4. Place of Birth, (Street and Number) 657 Georgia St
5. Full Name of Mother, Marietta Stewart
6. Mother's Maiden Name, " " Taylor
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, James E. Stewart
9. Father's Occupation Clerk
10. Father's Birthplace, Anna Rundel Co

Name of Medical Attendant, or other person who makes this Return. Jno. T. McCarty

Address, 626 Georgia St.

Remarks.

8 7 5 0 0 0 3 2 3

Wm. J. C. Dulany Co., City Printers and Stationers.

Every birth shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of such and every month to the office of the Commissioner of Health. In case of the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately after such birth, it shall become the duty of the person or parents of such child to report its birth, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF BIRTH. 68843

GIVEN NAME ADDED, 2-5-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Ellen Price McCarty 1st

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sep 25th 1895
4. Place of Birth, (Street and Number) 743 Saratoga
5. Full Name of Mother, Ella Price McCarty
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Baltimore Maryland
8. Full Name of Father, Horace C. McCarty
9. Father's Occupation Candy maker
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return. J Harvey Hill MD.

Address, 817 N. Calhoun St.

Remarks, 6950006324

The schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and tenth day of each and every month to a physician or practioner of midwifery, who shall be in the employ of the Commissioner of Health, to be sent to the office of the Commissioner of Health, to be sent to no other person; the birth of any child shall occur without the attendance of a physician or practioner of midwifery, the duty of the person or parents of such child to report the birth to the Commissioner of Health in the manner and within the period above required, and shall report immediately thereafter, in the same manner and within the period above required, the birth of any child born in the presence and under the attendance of such physician or practioner of midwifery, who shall be subject to the provisions of this section, and shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 68844

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sep. 25 1895

4. Place of Birth, (Street and Number) 201 Hoffman St

5. Full Name of Mother, Mary Heil

6. Mother's Maiden Name, Mary Teuschl

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Philip Heil

9. Father's Occupation Baker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Dr. R. Cashy

Address, 213 E. Hoffman

Remarks, Young Heil

6 9 5 0 0 0 5 3 2 5

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month at the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practicing midwife, or should no other person be in attendance upon the mother, immediately thereafter, in the manner and within the period required, and child to report the birth to the Commissioner of Health, in the manner and within the period required, and any person or persons who shall wilfully or negligently fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68845

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 25th of September 95
4. *Place of Birth, (Street and Number)* 211 N. Henry St.
5. *Full Name of Mother,* Mary Schack
6. *Mother's Maiden Name,* Mary Zikes
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Kaspes Schack
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Friederike Keuler midwife

Address, 2116 W. Pratt St.

Remarks,

8950006326

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, it shall be the duty of the person in attendance upon the mother, immediately after the birth, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68846

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 25 September
4. *Place of Birth, (Street and Number)* Lancaster str. 1530
5. *Full Name of Mother,* Josefa Šuikor
6. *Mother's Maiden Name,* Augustinak
7. *Mother's Birthplace,* Pole
8. *Full Name of Father,* Kasper Šuikor
9. *Father's Occupation* Workman
10. *Father's Birthplace,* Pole

Name of Medical Attendant, or other person who makes this Return, Mary Pett

Address, S. Bond st. 838

Remarks,

8 9 5 0 0 0 6 3 2 7

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person or persons in the house where such birth shall occur, or the mother of such child, if able, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68847

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 25 September 95
4. *Place of Birth, (Street and Number)* 1644 Barnes St
5. *Full Name of Mother,* Anna Zelanka
6. *Mother's Maiden Name,* Anna Sudenta
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father* Joseph Zelanka
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return, Josephian Conrad

Address, 1621 Barnes St Balto Md

Remarks.

1 8 9 5 0 0 0 6 3 2 8

shall schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the person in attendance upon the mother, immediately thereafter to shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68848

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) first
1. *Sex,* (*state whether male or female*) Female
2. *Race or Color,* (*if not of the white race*) lite brow skin
3. *Date of Birth,* September 25
4. *Place of Birth,* (*Street and Number*) Rogers Ave 235
5. *Full Name of Mother,* Lucinda Lankford
6. *Mother's Maiden Name,* Lucinda wise
7. *Mother's Birthplace,* Lows point Virginia
8. *Full Name of Father,* George Lankford
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Dorchester County Md

Name of Medical Attendant, or other person who makes this Return. Caroline patterson

Address, 419 Lewis St

Remarks, Doing well.

8 4 5 0 0 0 6 3 2 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68849

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6.

1. *Sex, (state whether male or female)* female.
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 25th Jan. 1895.
4. *Place of Birth, (Street and Number)* 801 Dorst st.
5. *Full Name of Mother,* Lucrecia Rasch
6. *Mother's Maiden Name,* Faber.
7. *Mother's Birthplace,* Galizien
8. *Full Name of Father,* Wotek Rasch.
9. *Father's Occupation* Telor.
10. *Father's Birthplace,* Galizien.

Name of Medical Attendant, or other person who makes this Return, Chas. P. Liesemann.

Address, 1208 Pace st.

Remarks,

8950006330

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68850

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) First Child

1. *Sex*, (*state whether male or female*) Male
2. *Race or Color*, (*if not of the white race*) White
3. *Date of Birth*, Sep 25th
4. *Place of Birth*, (*Street and Number*) 902 Clifton Place
5. *Full Name of Mother*, Elizabeth Connelly
6. *Mother's Maiden Name*, Elizabeth O'Connor
7. *Mother's Birthplace*, Ireland
8. *Full Name of Father*, Thomas Connelly
9. *Father's Occupation* Wheelwright
10. *Father's Birthplace*, Ireland

Name of Medical Attendant, or other person who makes this Return. Geo Gordon

Address, 1002 E. Hoffman Street

Remarks,

B 9 5 0 0 0 5 3 3 1

said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth occurs without the attendance of a physician or midwife, it shall become the duty of the person in whose house it shall occur within the period above required, and the mother, immediately after her recovery, to report its birth to the Commissioner of Health, in the manner prescribed in this section, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68851

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Sept. 25/95
4. Place of Birth, (Street and Number) 2424 E. Baltd. St.
5. Full Name of Mother, Lora Weber
6. Mother's Maiden Name, " Jefferson
7. Mother's Birthplace, Cambridge Ohio
8. Full Name of Father, Rev. J. S. Weber
9. Father's Occupation Minister
10. Father's Birthplace, Pa

Name of Medical Attendant, or other person who makes this Return. Rev. Mansfield M.D.

Address, 129 S. Broadway

Remarks, 8950006332

Wm. J. C. Dulany Co. City Printers and Stationers.

Every birth shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days, and every month to a physician or practitioner of the City of Baltimore, or should no other person be in said schedule such attendant, or other person, shall within the period above required, and within four days after such birth, deliver to the Office of the Commissioner of Health, in the manner and with the particulars of such attendance upon the mother and child, a certificate of such birth, and shall be liable to a penalty of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable. In case the birth of any child shall occur without the attendance of a physician or practitioner, the mother, or in her absence, the nurse or other person who shall have charge of such child to report the birth to the Commissioner, or shall fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68852

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 25 September 1895
4. *Place of Birth, (Street and Number)* Baltimore 519 Gross st
5. *Full Name of Mother,* Maria Frances Borders
6. *Mother's Maiden Name,* Maria Frances Borders
7. *Mother's Birthplace,* California
8. *Full Name of Father,* William Henry Green
9. *Father's Occupation* Waiter
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return. Grace Hanes

Address, 918 Stockholm st

Remarks, 8950006333

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68853

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 2 child

1. *Sex*, (*state whether male or female*) Male
2. *Race or Color*, (*if not of the white race*) White
3. *Date of Birth*, 26 September
4. *Place of Birth*, (*Street and Number*) 1123 Columbia ave
5. *Full Name of Mother*, Annie Albrecht
6. *Mother's Maiden Name*, Annie Brandt
7. *Mother's Birthplace*, Balto
8. *Full Name of Father*, Juest Albrecht.
9. *Father's Occupation* Driver
10. *Father's Birthplace*, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Bange

Address, 944 N. Cross st.

Remarks,

8 9 5 0 0 0 6 3 3 4

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in the city of Baltimore, and shall occur without the attendance of a physician or person other than a midwife, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be and be jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68854

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, September 26. 1914.

4. Place of Birth, (Street and Number) E Biddle

5. Full Name of Mother, Cora K. Broughton

6. Mother's Maiden Name, Evans.

7. Mother's Birthplace, Balto.

8. Full Name of Father, Francis Broughton

9. Father's Occupation Laborer.

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Veary C. Caldwell

Address, 1488 Mt Royal Av

Remarks, 1 8 9 5 0 0 0 5 3 3 5

said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each month to the office of the commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above recited, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 6885 5
over

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name - Mary Magdalen

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, September 26
4. Place of Birth, (Street and Number) North Castle St 527
5. Full Name of Mother, Maggie Davis
6. Mother's Maiden Name, Fink
7. Mother's Birthplace, Balto.
8. Full Name of Father, Wm. S. Davis
9. Father's Occupation Car Maker.
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Irving G. Colwell.

Address, 1438 [illegible] Road

Remarks,

1 8 9 5 0 0 0 6 3 3 6

[illegible] said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the [illegible] said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a midwife or practitioner, the mother or other person in charge of such attendance upon the mother, immediately thereafter it shall become the duty of the person or persons in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68856

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Sept 26. 95
4. *Place of Birth, (Street and Number)* 309 N Eutaw St
5. *Full Name of Mother,* Carrie Brooks
6. *Mother's Maiden Name,* " Phelps
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Chas H Brooks
9. *Father's Occupation* Bricklayer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, J. M. Hundley

Address,

Remarks,

8950006337

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68857

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth. 26th September
4. Place of Birth, (Street and Number) 14 33 West Cross St
5. Full Name of Mother, Mr. Jennie Fields
6. Mother's Maiden Name, Mr. Jennie Hennenberger
7. Mother's Birthplace. Baltimore Md.
8. Full Name of Father, James E. Fields
9. Father's Occupation Wheel-right
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return. Mrs. C. M. Bishoff

Address, 829 Columbia Ave.

Remarks.

8 9 5 0 0 0 6 3 3 8

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, it shall be the duty of the person or parents of such child, or person with the mother, immediately hereafter, in the manner and within the period above required, and other person who shall have charge of such child, to make the report of its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section, shall be and are hereby subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

...en concerned its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68858

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth.* Sept. 26. 95

4. *Place of Birth, (Street and Number)* 1430 Bank St.

5. *Full Name of Mother,* Carrie Crist

6. *Mother's Maiden Name,* " Lins

7. *Mother's Birthplace,* Balto

8. *Full Name of Father,* John C. Crist

9. *Father's Occupation* Plasterer

10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, C. L. Buddenboh

Address, 418 S. Paca St.

Remarks, 8950003339

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (1·) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68859

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8.

1. *Sex, (state whether male or female)* Girl.

2. *Race or Color, (if not of the white race)* white

3. *Date of Birth,* 26. September.

4. *Place of Birth, (Street and Number)* No 721. Cadolin Street.

5. *Full Name of Mother,* Dore Wieliams.

6. *Mother's Maiden Name,* Dore Will.

7. *Mother's Birthplace,* Baltimore.

8. *Full Name of Father,* Peter Wieliams

9. *Father's Occupation* Laborman.

10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other person who makes this Return, Mary Kloss.

Address, N. 9. Wolfe Street.

Remarks,

8950006340

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68860

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d, 3d~~, &c.) 4th

1. Sex, (state whether ~~male~~ or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Sept 26th
4. Place of Birth, (Street and Number) 614 Washington St
5. Full Name of Mother, Sarah A. Riley
6. Mother's Maiden Name, " " Miller
7. Mother's Birthplace, Balto. City
8. Full Name of Father, Ed. G. Riley
9. Father's Occupation Fireman
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return, John L. Huck

Address, 649 W Lafayette Ave.

Remarks,

6 9 5 0 0 0 6 3 4 1

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health. Provided, that if any child shall occur upon the mother, immediately before or after the birth of any child, or shall occur in any other place than the mother's residence, or if the attendance of a physician or practitioner of medicine be in attendance upon the mother, immediately before or after the birth, in the manner and within the period above specified, and other than such person or persons who shall have charge of the mother, or shall be called to report its birth to the Commissioner of Health, in the manner and within the period above specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 68861

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Sept. 26th 1915

4. Place of Birth, (Street and Number) 503 W. Pratt St

5. Full Name of Mother, Katie Sifert Rowland

6. Mother's Maiden Name, do do

7. Mother's Birthplace, Baltimore City

8. Full Name of Father, Howard Rowland

9. Father's Occupation, Labourer

10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return, Jan Kotack

Address, 755 W. Pratt St

Remarks, no

1 8 9 5 0 0 0 6 3 4 2

said schedule shall be delivered, duly filled and signed, to the Commissioner of Health, or his agent, within the third day of each and every month, by the physician or practitioner in the form of a certificate for the birth of any child shall occur without the attendance of a physician or practitioner, the duty of the person or parents, or other person with whom the mother immediately thereafter shall be, to report the birth to the Commissioner of Health, in the manner and within the period of time prescribed, and attendant, or other person who shall have charge of the mother, shall within the period of time prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH 68862

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (*state whether 1st, 2d, 3d, &c.*) 6th

1. *Sex,* (*state whether male or female*) Male
2. *Race or color,* (*if not of the white race*) White
3. *Date of Birth,* Sept 26th
4. *Place of Birth,* (*Street and Number*) 2334 Barclay St.
5. *Full Name of Mother,* Sarah C. Short
6. *Mother's Maiden Name,* " " Holmes
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* James W Short
9. *Father's Occupation,* Railroader
10. *Father's Birthplace,* England

Name of Medical Attendant, or other person who makes this Return. G. J. Wise

Address, Waverly

Remarks, 8 9 5 0 0 0 6 3 4 3

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and tenth day of every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or the person or parents of such child fail to report its birth, the midwife it shall become the duty of the person required to attend at the birth of such child to report its birth, and shall comply with the provisions of this section within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

G. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 68863

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 26th 1895
4. *Place of Birth, (Street and Number)* 1610 Gilmor
5. *Full Name of Mother,* Celia Hammerla
6. *Mother's Maiden Name,* Hamburger
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Harry M Hammerla
9. *Father's Occupation* Car Conductor
10. *Father's Birthplace,* Washington Co Ind

Name of Medical Attendant, or other person who makes this Return, Chas E Gadtes

Address,

Remarks, 8950006344

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and tenth days of each and every month to the office of the Commissioner of Health. In case no other person be in attendance at the birth, the midwife or nurse shall be the person to report such birth. If no other person or parents of such child shall occur without the mother, immediately after the birth, the person in charge of such birth shall report its birth to the Commissioner of Health, in the manner prescribed above. In case any such person or persons shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for such offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 68864

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 26th 95
4. Place of Birth, (Street and Number) 574 Baker st
5. Full Name of Mother, Eva Gittis
6. Mother's Maiden Name, " Vance
7. Mother's Birthplace. Balto City
8. Full Name of Father, Wm Gittis
9. Father's Occupation, Moulder
10. Father's Birthplace. Balto Co.

Name of Medical Attendant, or other person who makes this Return. L F Fry

Address, 2414 Druid Hill Ave

Remarks, Died 22 hours after birth

1 8 9 5 0 0 0 6 8 4 5

Third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a midwife or physician, or should no other person be in attendance, the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68865

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 26
4. *Place of Birth, (Street and Number)* Mone Street Mount Winans
5. *Full Name of Mother,* Kate Dinling
6. *Mother's Maiden Name,* Kate Herget
7. *Mother's Birthplace,* Wolfenbura Germany
8. *Full Name of Father,* Nicholas Dinling
9. *Father's Occupation* Watchman
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Mrs Bauge

Address, 711 Crozet

Remarks,

B Y 5 0 0 0 6 3 4 6

said schedule shall be delivered daily signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of each family to report its birth to the Commissioner, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68866

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Wht.

3. Date of Birth, Sept. 26/95

4. Place of Birth, (Street and Number) 2011 Clifton St.

5. Full Name of Mother, Mrs Wm Carwithen

6. Mother's Maiden Name, Jessie Bonell

7. Mother's Birthplace, Wisconsin

8. Full Name of Father, Wm Carwithen

9. Father's Occupation Hostler

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, E. A. Smith M.D.

Address, 250 S. Pennsylvania Ave.

Remarks, 1 8 9 5 0 0 0 6 3 4 7

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68867

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 10th

1. *Sex*, (*state whether male or female*) Female
2. *Race or Color*, (*if not of the white race*) Colored
3. *Date of Birth*, September 26th 1895
4. *Place of Birth*, (*Street and Number*) 1130 Division St
5. *Full Name of Mother*, Jennie Denicke
6. *Mother's Maiden Name*, " " Stringer
7. *Mother's Birthplace*, Howard Co, Md
8. *Full Name of Father*, Joshua Denicke
9. *Father's Occupation* Waiter
10. *Father's Birthplace*, Baltimore, Md

Name of Medical Attendant, or other person who makes this Return, Amelia Johnson

Address, 1124 Park Ave

Remarks, 0950006348

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall be the duty of the person or persons of such household to report the birth to the Commissioner of Health, in the manner and within the period above specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68868

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d,~~ 3d, &c.) 3 child

1. Sex, (state ~~whether male or~~ female) Female
2. Race or Color, (if not of the white race) White.
3. Date of Birth, 26 September 1895
4. Place of Birth, (Street and Number) 1636 N. Durham St.
5. Full Name of Mother, Lina Gluth
6. Mother's Maiden Name, Lina Pfaff
7. Mother's Birthplace, Germany
8. Full Name of Father, John Gluth
9. Father's Occupation Cabinetmaker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return,

Address, Marie Elias

Remarks, 1625 Hoffman Ave.

1 8 9 5 U 0 0 6 3 4 9

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person over twelve years of age, in the house where such child is born, to report its birth to the Commissioner of Health within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68869

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 26 1895
4. *Place of Birth, (Street and Number)* Boardford st 1822
5. *Full Name of Mother,* Lizzie Schmitt
6. *Mother's Maiden Name,* Bach
7. *Mother's Birthplace,* Germen
8. *Full Name of Father,* Adam Schmitt
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Germen

Name of Medical Attendant, or other person who makes this Return. Mary Heptis

Address, N Washington st 205

Remarks,

8950006350

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68870

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, 26 of September.
4. Place of Birth, (Street and Number) 145 Stockholm st
5. Full Name of Mother, Bertha Kraft.
6. Mother's Maiden Name, " Benge
7. Mother's Birthplace, Baltimore County.
8. Full Name of Father, George Kraft.
9. Father's Occupation Farmer.
10. Father's Birthplace, Baltimore County.

Name of Medical Attendant, or other person who makes this Return, Katie Minch

Address, 800 Leadenhall Street.

Remarks,

8 9 5 0 0 0 6 3 5 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68871

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Sept. 26th/95
4. *Place of Birth, (Street and Number)* Mt. Winnie 113 + 115 W. Lombard
5. *Full Name of Mother,* Annie Gross.
6. *Mother's Maiden Name,* Annie Smith
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* William Gross
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, Chas. E. Pratt M.D.

Address, 113 + 115 W. Lombard St.

Remarks,

1 8 9 5 0 0 0 6 3 5 2

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner, it shall be the duty of the person or persons in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68872

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 26 of Sept 1895
4. Place of Birth, (Street and Number) 1721 E Gough St
5. Full Name of Mother, Lily C Anthony
6. Mother's Maiden Name, White
7. Mother's Birthplace, Somerset Co Md
8. Full Name of Father, William C Anthony
9. Father's Occupation Engineer
10. Father's Birthplace, Albany N York

Name of Medical Attendant, or other person who makes this Return, M A Davenport

Address, 2024 E Pratt

Remarks, All Right

0950000353

RETURN OF A BIRTH 68873

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race),
3. Date of Birth, Sept 26 - 1895
4. Place of Birth (Street and Number), 1304 John St
5. Full Name of Mother, Anna E. Vincent
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father, Wm E. Vincent
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. Edwin K. Ballard M.D.

Address,

Remarks, 6950006354

ferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the [illegible] shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother; immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH. 68874

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d,~~ 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Sept 26.
4. Place of Birth, (Street and Number) 1300 Druid Ave
5. Full Name of Mother, Eva S. Kieffer
6. Mother's Maiden Name, " " Loflin
7. Mother's Birthplace, Harford Co Md
8. Full Name of Father, Stephen L. Kieffer
9. Father's Occupation Motorman
10. Father's Birthplace, Carlisle, Pa.

Name of Medical Attendant, or other person who makes this Return, John G. Huck

Address, 149 N Fountain Ave

Remarks,

8 9 5 0 0 0 3 5 5

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68875

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 26th 1895
4. *Place of Birth, (Street and Number)* 613 Baker St
5. *Full Name of Mother,* Louisa M. Shea
6. *Mother's Maiden Name,* Crowell
7. *Mother's Birthplace,* Marblehead, Mass
8. *Full Name of Father,* Jno F Shea
9. *Father's Occupation* Book keeper
10. *Father's Birthplace,* Talbot Co Md

Name of Medical Attendant, or other person who makes this Return, Chas E Sartin

Address,

Remarks, 8950006356

Been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the name of the attending physician or other person in the form of a certificate between the first and third day of each and every month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, the mother shall, within the period above required, and shall report the birth to the Commissioner of Health, in manner and form as above prescribed, and any such person or persons who shall hereof fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 68876

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 26 1895
4. *Place of Birth, (Street and Number)* 1924 Gilmor St
5. *Full Name of Mother,* Rebecca Vilenitzka
6. *Mother's Maiden Name,* Rebecca Greenberg
7. *Mother's Birthplace,* Galichianer
8. *Full Name of Father,* Adel Vilenitzka
9. *Father's Occupation* Work in iron factory
10. *Father's Birthplace,* Galichianer

Name of Medical Attendant, or other person who makes this Return, Rose Finkberg

Address, 27 Lloyd St

Remarks,

8950005357

been conferred) its sex, color, the full name and occupation of its parents, the date and place of its birth, the first and said schedule shall be delivered monthly to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, it shall be the duty of the person or parents of such attendance upon the mother, immediately after the birth, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68877

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Born September 26/95
4. Place of Birth, (Street and Number) 518 S. Charles St. Balt. Md.
5. Full Name of Mother, Minnie Sarlofski
6. Mother's Maiden Name, Minnie Caplan
7. Mother's Birthplace, Russia
8. Full Name of Father, Jack Sarlofski
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs Jenny Barber

Address. 414 E. Bath Street Balto.

Remarks.

1895000 6358

Wm. J. C. Dulany Co., City Printers and Stationers.

and schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the commissioner of health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time prescribed in the preceding section, and to comply with the provisions of this section shall be subject to the fine of Ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68878

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 27th of September 95
4. *Place of Birth, (Street and Number)* 316 Price St
5. *Full Name of Mother,* Mina Zell
6. *Mother's Maiden Name,* Mina Wahmann
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* William Zell
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Friederike Heuler Midwife

Address, 2116 W Pratt St

Remarks,

6950005359

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, it shall be the duty of such person, or persons, to give notice to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68879

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 1895 - 27 of September
4. Place of Birth, (Street and Number) 622 Hoffman St
5. Full Name of Mother, Mary Bury
6. Mother's Maiden Name, " Meinstofer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph Bury
9. Father's Occupation Labor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Barge

Address, 711 N. Gross st.

Remarks,

8 9 5 0 0 0 6 3 6 0

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the person in charge of the attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

Section 1. That from and after the passage of this ordinance, no person shall be allowed to practice midwifery, or shall be employed as a midwife between the first and third days of each and every month, in the City of Baltimore, without first obtaining a certificate from the Board of Health, and shall be required to report to the office of the Commissioner of Health, in the manner and form prescribed by said Board, the attendance of a physician or midwife, in the case of every child born, within the period above required, and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, in the office of the Commissioner of Health. In case the birth shall occur without the attendance of a physician or midwife, the person or parents of such child to report its birth to the Commissioner of Health, in the manner and form prescribed by said Board, and in default of such report, the person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68880

GIVEN NAME ADDED 6/15/61

To the Office of ~~Registrar of Vital Statistics, Board~~ Health, Baltimore City.

Name: Howard Edward Zieffle

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 27/95
4. Place of Birth, (Street and Number) 256 S. Ann Str.
5. Full Name of Mother, Louisa Zieffle
6. Mother's Maiden Name, " Biess
7. Mother's Birthplace, Balto.
8. Full Name of Father, John Zieffle
9. Father's Occupation Grocer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough Str.

Remarks, 8950 06361

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68881

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 27th 1895
4. Place of Birth, (Street and Number) 2236 Druid Hill Ave.
5. Full Name of Mother, Carrie E. Polk.
6. Mother's Maiden Name, " " Pressing
7. Mother's Birthplace, City
8. Full Name of Father, Gabriel Clark Polk
9. Father's Occupation Rail Road
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return. William A. B. Sellman M.D.

Address, 5 East Biddle St.

Remarks, 8 9 5 0 0 0 6 3 6 2

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68882

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sep 27 — 1895
4. *Place of Birth, (Street and Number)* Car Montebello ave Bartlet ave
5. *Full Name of Mother,* Elizabeth Grimm —
6. *Mother's Maiden Name,* " Wagner
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Erdman H. Grimm
9. *Father's Occupation* Provision dealer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, R G Rankin MD

Address, #811 Jefferson Ave Waverly

Remarks, City

8 9 5 0 0 0 6 3 6 3

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons so required, in the place of such physician or midwife, to comply with the provisions of this section. Any such person who shall have neglected to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

NAME ADDED 1-6-55

RETURN OF A BIRTH. 68883

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Margaret Catherine Heyring 1. st

1. *Sex, (state whether male or female)* female.
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 27. th September 1895.
4. *Place of Birth, (Street and Number)* No. 1404 Battery Ave.
5. *Full Name of Mother,* Katie Heyring.
6. *Mother's Maiden Name,* Katie Frinz.
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* Louis Heyring.
9. *Father's Occupation* Baker.
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return, Mrs Katherine Heyring

Address, No. 1517. Byrd St.

Remarks,

1 8 9 5 0 0 0 6 3 6 4

said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the 1st and 5th day of each and every month, to the office of the Commissioner of Health; in case the birth of any child shall occur without the attendance of a physician or licensed practitioner of midwifery, or in case the birth of any child attended by such person or persons who shall neither fail to comply with the provisions of such section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68884

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 27th of September 95
4. Place of Birth, (Street and Number) 2103 Coverton Road
5. Full Name of Mother, Renatie Zerowski
6. Mother's Maiden Name, Renatie Gielke
7. Mother's Birthplace, Pole
8. Full Name of Father, Friederich Zerowski
9. Father's Occupation Labor
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return, Friederike Keeler Midwife

Address, 2116 W. Pratt St

Remarks,

+ 8 9 5 0 0 0 6 3 6 5

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or regular or reputed midwife, or should no other person, such as aforesaid, be in attendance, it shall become the duty of the person or persons of such household in which such birth shall occur, to report the same, in the manner and within the time above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the penalty of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 68885

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, Sept. 27th 35
4. Place of Birth, (Street and Number) 2214 Jefferson St
5. Full Name of Mother, Pauline Goldman
6. Mother's Maiden Name, Pauline Ledman
7. Mother's Birthplace, Europe
8. Full Name of Father, Hyman Goldman
9. Father's Occupation, Cloak maker
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. N. C. Silver M.D.

Address, 1427 E. Fayette St

Remarks, 8950006366

been conferred; its sex, color, the full name and occupation of its parents, the number of previous children, the date of birth, and the number of the child of its mother, shall be recorded by the practitioner in the form of a certificate, between the first and third days of each month, and forwarded with by the office of the Commissioner of Health. In case of the birth of any child said schedule shall be delivered with by the office of the Commissioner of Health. In case of the birth of any child without the attendance of a physician or practitioner, it should be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above specified, and if without the attendance upon the mother, immediately after the birth, in the manner and within the period above specified, and any such person or parents, who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. D. BULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 68886

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 27 September 195-
4. Place of Birth, (Street and Number) 207 S. Central Ave.
5. Full Name of Mother, Rosia Sohlan
6. Mother's Maiden Name, Rosia Scheinberger
7. Mother's Birthplace, Russia
8. Full Name of Father, Harris Sohlan
9. Father's Occupation, Presser
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Jetta Klawansky

Address, 1022 E. Lombard St.

Remarks,

8950006367

Third day of each and every month to the office of the Commissioner of Health. In case the birth of any child remain unreported, a person or persons who shall be the midwife or nurse, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall heretofore fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68887

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 27 September 99
4. *Place of Birth, (Street and Number)* 947 N. Durham St
5. *Full Name of Mother,* Sophia Conrad
6. *Mother's Maiden Name,* Sophia Miska
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Frank Conrad
9. *Father's Occupation* Labor
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. Josephan Conrad

Address, 1621 Barnes rd Balto Md

Remarks,

8 9 5 0 0 0 6 3 6 8

said schedule shall be delivered, duly signed by the practitioner in the manner prescribed, in the case herein provided, within the third day of each and every month to the office of the Commissioner of Health. In case no other person shall be the attending doctor without the attendance of a physician or practioner of midwifery, he shall be the person to make the birth of any child attended by him, and shall immediately thereafter, it shall become the duty of the person or persons attending the mother of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68886

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Sept 27th 95

4. Place of Birth, (Street and Number) 1328 Smith St

5. Full Name of Mother, Lucy James

6. Mother's Maiden Name, Gross

7. Mother's Birthplace, Maryland

8. Full Name of Father, Lt Wm James

9. Father's Occupation Labor

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, William Kroh M.D.

Address, 1304 W. Lafayette Ave

Remarks, 18 V 5 0 0 0 6 3 6 9

been conferred) its sex, color, the full name and occupation, or its parents, the date and place of birth, and the place of said schedule shall be delivered, duly signed, at the office of the Commissioner of Health. In case the birth of any child shall occur without the aid of a physician or practitioner of midwifery, or of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period required, and shall incur upon the mother, immediately thereafter, the duty of causing such child to be registered, and any such person or persons who shall neglect or fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars, for each offence, to be recovered as other fines and forfeitures are recovered, etc.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68889

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether Male ~~or Female~~) [illegible]
2. Race or Color (if not of the white race) White
3. Date of Birth Sept 27. 95
4. Place of Birth (Street and Number) 570 McMechen St.
5. Full Name of Mother Mary Cohen Shanahan
6. Mother's Maiden Name "
7. Mother's Birthplace Ireland
8. Full Name of Father Daniel Shanahan
9. Father's Occupation Lab
10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. J. D. Iglehart

Address 1214 Linden Ave

Remaries

8950006370

Desire in the case of any child, which is the offspring of a mother who has given birth to other children, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

over

RETURN OF A BIRTH. 68890

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

Name of Child Kenneth Christie Johnson

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 27th 1874.
4. Place of Birth, (Street and Number) 1807 Mulberry St
5. Full Name of Mother, Elizabeth Johnson
6. Mother's Maiden Name, Elizabeth Tedner
7. Mother's Birthplace, New York
8. Full Name of Father, Alex Johnson
9. Father's Occupation, Salesman.
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, John D Pennington M.D.

Address, 1716 Linden Ave

Remarks, 8950006371

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the 3rd and 10th days of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or a midwife, it shall become the duty of the person or parents in attendance upon the birth to the Commissioner of Health, in the manner with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the name of the attending physician or practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68891

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* September 27th 1895
4. *Place of Birth, (Street and Number)* 751 Vine St.
5. *Full Name of Mother,* Kate Stevens
6. *Mother's Maiden Name,* " Isbell
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Paul Stevens
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, Amelia Johnson

Address, 1024 Packa Ave.

Remarks,

1 8 9 5 0 0 0 6 3 7 2

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68892

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 27th 1895
4. Place of Birth, (Street and Number) 109 Perkins St
5. Full Name of Mother, Ida Travers
6. Mother's Maiden Name, " " Carter
7. Mother's Birthplace, Virginia
8. Full Name of Father, Albert Travers
9. Father's Occupation, Painter
10. Father's Birthplace, Easton, Md.

Name of Medical Attendant, or other person who makes this Return, Wm Gombel M.D.

Address, 837 W. Fayette St.

Remarks, 1 8950006373

said schedule shall be delivered, duly signed by the practitioner to the form of a certificate between the first and tenth day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person of such attendance upon such birth to the Commissioner of Health, be the mother, and within the period above required, and only such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68893

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 28th
4. Place of Birth, (Street and Number) 709 St Peter St
5. Full Name of Mother, Catharine Blanke
6. Mother's Maiden Name, Catharine Bellner
7. Mother's Birthplace, Baltimore
8. Full Name of Father, F. Wm Blanke
9. Father's Occupation Seg'n - Sattler
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Hellmonda Clefer

Address, 709 St Peter St

Remarks, L 895000 6374

Wm. J. C. Dulany Co., City Printers and Stationers.

Any physician or other person who shall fail or neglect, only a great by the practitioner in the form of a certificate between the first and the fifteenth day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately after it shall become the duty of the person so required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68894

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 & liv

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Born September 28/95
4. Place of Birth, (Street and Number) 1143 Little McCulloh St.
5. Full Name of Mother, Annie Goldman
6. Mother's Maiden Name,
7. Mother's Birthplace, Russia
8. Full Name of Father, Abraham Goldman
9. Father's Occupation Rents Presser
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. Lena Barker

Address, 111 E. York Street Balto

Remarks,

1 8 9 5 0 0 0 6 3 7 5

Wm. J. C. Dulany Co., City Printers and Stationers.

Any false statement shall be deemed a misdemeanor, and subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

shall be the duty of the physician or practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in such case upon whom the duty shall devolve of the same, the duty of the parents of such child hereafter born to the Commissioner of Health, in the manner and within the period above prescribed, and

RETURN OF A BIRTH. 68895

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept. 28. 1895
4. *Place of Birth, (Street and Number)* 922 Binney St
5. *Full Name of Mother,* Amanda Glover
6. *Mother's Maiden Name,* Benton
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Glover
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Sarah P Harrington

Address, 924 Binney St.

Remarks,

8 9 5 0 0 0 6 3 7 6

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall become the duty of the person or parents of such attendance upon the mother, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68896

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 28th of September 95

4. Place of Birth, (Street and Number) 1607 W. Pratt St

5. Full Name of Mother, Carrie Gillmann

6. Mother's Maiden Name, Carrie Baird

7. Mother's Birthplace, Balto

8. Full Name of Father, Carl W. Gillmann

9. Father's Occupation Carpenter

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Frederike Meuler Midwife

Address, 2116 W. Pratt St

Remarks,

8950003377

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] in the form of a certificate the birth of any child [illegible] between the first and [illegible] name by the physician, or person in attendance, or in case there be no such person, then by the Commissioner of Health. It should no other person or persons be present at the birth of such child, then the mother herself, or the father, if he be present, or the person or persons who may be called upon to report the birth of such child, in the manner prescribed by this section shall be subject to the penalties provided for the violation of this section. The said certificate shall be delivered, duly signed, to the Coroner of the City of Baltimore, or to the person or persons authorized, and said schedule shall be delivered to the Coroner or midwife, or the person or persons authorized, and every month a physician or person who shall become liable within the period above specified, shall be subject to a fine of five dollars for each offence, and shall be liable to be sued for the same, and the said Coroner or midwife, or the person or persons authorized, shall on the third day of each month, or sooner if required, pay over to the Commissioner of Health, in the manner prescribed by the provisions of this section, the fees received for the same, and shall immediately thereafter, in the manner prescribed by the provisions of this section, report the number of such certificates so received, and shall be subject to the same penalties for failure to report as are provided for the violation of this section. Any person who shall be guilty of any such offence, shall be subject to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68897

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 28 September
4. *Place of Birth, (Street and Number)* City 1147 Cleveland Street
5. *Full Name of Mother,* Lussie Fussner
6. *Mother's Maiden Name,* Lussie Varina
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* James Fussner
9. *Father's Occupation* Rouchster
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, Mrs Bange

Address, 711 N. Cross st

Remarks,

8 9 5 0 0 0 6 3 7 8

been conferred, its sex, color, the full name and occupation of its parents, the place and date of birth, and the said schedule shall be delivered monthly to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of medicine, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately before and after the birth, shall be deemed a sufficient excuse. The authority any such Return or report, who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68898

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 28 September
4. *Place of Birth, (Street and Number)* 430 S. Charles St.
5. *Full Name of Mother,* Mrs. George J. Hoeflich
6. *Mother's Maiden Name,* Josephine Freeman
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George J. Hoeflich
9. *Father's Occupation* Saloon Keeper
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Bange

Address, 711 N. Cross St

Remarks,

8950006379

RETURN OF A BIRTH. 68899

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.

1. *Sex, (state whether male or female)* Boy.

2. *Race or Color, (if not of the white race)* white.

3. *Date of Birth,* 28. September.

4. *Place of Birth, (Street and Number)* No 412. S. Wolfe. Street.

5. *Full Name of Mother,* Adel Glamb.

6. *Mother's Maiden Name,* Adel Stuet.

7. *Mother's Birthplace,* Baltimore.

8. *Full Name of Father,* Niklas Glamb.

9. *Father's Occupation* Laborman.

10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other person who makes this Return, Mary Kloss.

Address, No 9. Wolfe. Street.

Remarks,

1 8 9 5 0 0 0 6 3 8 0

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68900

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept. 28/95
4. *Place of Birth, (Street and Number)* 117 S. Register Str.
5. *Full Name of Mother,* Mamie Buschman
6. *Mother's Maiden Name,* " Pierzer
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Gustav Buschman
9. *Father's Occupation* Cigarmaker
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough Str.

Remarks,

6950006381

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and fifth days of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health in the manner and within the period above specified; and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68901

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White Child
3. *Date of Birth,* Sept 28th 1895
4. *Place of Birth, (Street and Number)* Cor Jenkins Lane and Jefferson ave
5. *Full Name of Mother,* Treasy McGan
6. *Mother's Maiden Name,* Treasy Mahoney
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Henry McGan
9. *Father's Occupation* Life ins agent
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, Margret Flenkel

Address, Trinity st nr Brady ave

Remarks,

1895U006382

said schedule shall be delivered, duly signed by the physician or midwife, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above specified, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of five (5) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68902

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 28th Sept 1899
4. Place of Birth, (Street and Number) 540 E Fort Ave
5. Full Name of Mother, Francis Stann
6. Mother's Maiden Name, Redel
7. Mother's Birthplace, Germany
8. Full Name of Father, Edward Stann
9. Father's Occupation Boiler maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Elizabeth Gerwell

Address, 436 E Fort Ave

Remarks,

18950 0 0 4 3 8 3

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the registrar of vital statistics, in the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance or practice of a physician or midwife, or should no other person be in attendance upon the mother, immediately preceding and following the birth, the duty of the person who shall be the third day of each and every month become the duty of the person next previous, who shall be required, and shall report to the registrar of vital statistics, in the manner and within the time prescribed, the birth of such child, or forfeit the sum of ten dollars for each offence. In the manner and within the time prescribed in this section shall be submitted such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68903

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

been conferred) its sex, color, the full name and occupation of its parents, [illegible] said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, immediately thereafter in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1\. *Sex, (state whether male or female)* femail

2\. *Race or Color, (if not of the white race)* Colord

3\. *Date of Birth,* 28 September

4\. *Place of Birth, (Street and Number)* 108 Welcome

5\. *Full Name of Mother,* Mary Thomas

6\. *Mother's Maiden Name,* Mary Toylor

7\. *Mother's Birthplace,* Virginia

8\. *Full Name of Father,* Jozaph Thomas

9\. *Father's Occupation* Sailor

10\. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Maker

Address, 11 West York St.

Remarks,

8950006384

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68904

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 1892
4. Place of Birth, (Street and Number) Baltimore Md 1545 Cole St
5. Full Name of Mother, Rosina Bruckner
6. Mother's Maiden Name, Tilbert
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Peter Bruckner
9. Father's Occupation Safe Maker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Mary Kearney

Address, 414 S. Stricker St. Baltimore Md

Remarks, Mother and Child are doing well

1 8 9 5 0 0 0 6 3 8 5

Wm. J. C. Dulany Co., City Printers and Stationers.

Any person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68905

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Ch.

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 20 1895.
4. *Place of Birth, (Street and Number)* 151 Boyle st
5. *Full Name of Mother,* Mary Lorence
6. *Mother's Maiden Name,* Uhlmann
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Joseph Lorence
9. *Father's Occupation* Uhlmann
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Carolina Schwartz

Address, 434 E. Fort ave.

Remarks,

6 9 5 0 0 0 6 3 8 6

In compliance with Ordinance [illegible] approved, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period herein required, and any such person or parents who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68986

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7-d.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth. Sept. 28 (7.30 A. M.)
4. Place of Birth. (Street and Number) 117 Hollins Ally.
5. Full Name of Mother, Annie Loftus.
6. Mother's Maiden Name, Roberts.
7. Mother's Birthplace, Liverpool.
8. Full Name of Father, Fred Loftus.
9. Father's Occupation. Labourer
10. Father's Birthplace, Liverpool.

Name of Medical Attendant, or other person who makes this Return. Mrs. M. Horne, for the

Address, Mother Relief Society, 632. N. Fremont Ave.

Remarks, 8950006387

Wm J. C. Dulany Co., City Printers and Stationers.

said schedule is to be returned to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the person or person he in attendance upon the mother immediately thereafter, in the manner and provisions of this section shall be said child to report, in writing, to the Commissioner of Health, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH. (08907)

CERTIFICATE CORRECTED [redacted]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 28 September 95
4. Place of Birth, (Street and Number) 1026 Granby st.
5. Full Name of Mother, Ida Finkelstein
6. Mother's Maiden Name, Ida Boritz
7. Mother's Birthplace, Peritz
8. Full Name of Father, Jacob Finkelstein
9. Father's Occupation, Carpenter
10. Father's Birthplace, Peritz

Name of Medical Attendant, or other person who makes this Return, Jetta Klawansky

Address, 1022 E. Lubard st.

Remarks,

8950006388

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68108

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 28th of Sept.
4. *Place of Birth, (Street and Number)* Baltimore 237 Henrietta St
5. *Full Name of Mother,* Josephine Eliza Carroll
6. *Mother's Maiden Name,* Josephine Eliza Hatton
7. *Mother's Birthplace,* Oxen Hill Md.
8. *Full Name of Father,* Nathaniel Leonard Carroll
9. *Father's Occupation* Minister
10. *Father's Birthplace,* Calvert Co Md.

Name of Medical Attendant, or other person who makes this Return. Catherine Jones

Address. 545 Burgundy Alley

Remarks. 8950003389

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the physician or midwife, to the certificate between the first and third day of each and every month to the office of the Commissioner of Health, or shall make other report of such attendance upon the mother or child, or shall neglect or refuse to report the birth of any child child to report its birth to the Commissioner of Health, in manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 68909

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 28 1895
4. *Place of Birth, (Street and Number)* 915 Linn St
5. *Full Name of Mother,* Katie Rothouse
6. *Mother's Maiden Name,* Katie Pichanchke
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Morris Rotthouse
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. Rosa Finelberg

Address, 27 Lloyd St

Remarks,

8950006390

been conferred, the sex, color, the surname and Christian name, if any, the number of the child of the mother, and the date of birth, shall be recorded in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance, the parent or parents, or other person who shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68910

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

GIVEN NAME ADDED. 9/23/55

Lillian Greenberg

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 28/25
4. Place of Birth, (Street and Number) 1112 S. Charles Street Balto.
5. Full Name of Mother, Hadey Greenberg
6. Mother's Maiden Name, Hadey Berman
7. Mother's Birthplace, Russia
8. Full Name of Father, Abraham Greenberg
9. Father's Occupation, Clothing Store
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. Mrs. Lena Barker

Address, 1112 S. York Street Balto.

Remarks,

8950006391

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner is the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case no other person be in said room or house at the time of the birth of any child attendance upon the mother, the person or parents of such child to report to the Commissioner of Health, in the period above recited, such fact, and any such person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Sec. [illegible] That [illegible] shall be furnished by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the person or persons in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68911

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Sept. 29 1895
4. *Place of Birth, (Street and Number)* 800 Greenwell St
5. *Full Name of Mother,* Annie Greenwell
6. *Mother's Maiden Name,* Annie Keisel
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* John Greenwell
9. *Father's Occupation* Oysterman
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, [illegible]

Remarks,

6 9 5 0 0 0 6 3 9 2

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68912

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 29/95
4. *Place of Birth, (Street and Number)* 12 W. Montgomery
5. *Full Name of Mother,* Kate Sapp
6. *Mother's Maiden Name,* Kate Kline
7. *Mother's Birthplace,* Baltimore, Md
8. *Full Name of Father,* George Sapp
9. *Father's Occupation* Barkeeper
10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other person who makes this Return, Katie Kunde

Address, 800 Leadenhall Street.

Remarks,

8950006393

Any Commissioner of Health who shall neglect or refuse to deliver in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, the person in the house in which such birth shall occur, or in the house where the mother may be at the time of such birth, shall forthwith give notice to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 12-30-57

RETURN OF A BIRTH. 68913

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Goldie Easley

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VI

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 29/95
4. Place of Birth, (Street and Number) 509 S. Bradford St.
5. Full Name of Mother, Annie Easley
6. Mother's Maiden Name, " Benner
7. Mother's Birthplace, Balto.
8. Full Name of Father, Thomas Easley
9. Father's Occupation Cannmaker
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough St.

Remarks,

1 8 9 5 0 0 0 6 3 9 4

Wm. J. C. Dulany Co., City Printers and Stationers.

Note.—Every birth must be reported within twenty-four hours after the birth, giving the full name and occupation of the parents, the date and place of birth and the sex, color, the full name and address of the physician or practitioner in the form of a certificate between the parents, if there be no physician or practitioner, and the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall become the duty of the person or persons in attendance upon the mother, or in the absence of such person or persons, of the parents of such child to report its birth to the Commissioner of Health in the manner and within the period above specified, and failure to comply with the provisions of this section shall be and is hereby declared a misdemeanor, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the penalty of a fine of ten (10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68914

GIVEN NAME ADDED 4-1-66

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

MYRTLE VIRGINIA HILL

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 29th Sept 1895
4. Place of Birth, (Street and Number) 1322 E Cross St
5. Full Name of Mother, Estelle Hill
6. Mother's Maiden Name, Cannon
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Stephen Hill
9. Father's Occupation Engineer
10. Father's Birthplace, Cecil Co Md

Name of Medical Attendant, or other person who makes this Return, Elizabeth Yarwell

Address, 430 E Fort Ave

Remarks,

8950006395

said schedule shall be delivered, duly signed by the person herein as aforesaid, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or the person or parents of such child to report the birth to the Commissioner of Health, in manner and within the period above required, and attendance upon the mother shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

shall schedule shall be delivered, duly signed by the physician or midwife, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person having charge of such child every month to the office of the Commissioner of Health, in the manner and with the particulars required, and shall over sign a certificate to the effect that the attendance of a physician or midwife was not required, and shall over sign a certificate to the effect that the attendance of a physician or midwife was not required, and attendance upon the mother, immediately after the birth of such child, to report its birth to the Commissioner of Health, in the manner and with the particulars required, and shall over sign a certificate to the effect that the attendance of a physician or midwife was not required, and child to report its birth to the Commissioner of Health, in the manner and with the particulars required, and shall over sign a certificate to the effect that the attendance of a physician or midwife was not required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68915

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 to.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 29 th Sept.
4. Place of Birth, (Street and Number) 1017 Cross St
5. Full Name of Mother, Amalie Fassler
6. Mother's Maiden Name, " " Horn
7. Mother's Birthplace, Balto Md.
8. Full Name of Father, John Fassler
9. Father's Occupation Iron worker
10. Father's Birthplace, Frederick Pa.

Name of Medical Attendant, or other person who makes this Return, Mrs A. M. Bischoff

Address, No 829 Columbia Ave

Remarks,

6 9 5 0 0 0 6 3 9 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH, 68910

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth Sunday 7 AM Sept 29th 1895
4. Place of Birth, (Street and Number) 909 Curley St
5. Full Name of Mother Elizu Ellen Duval
6. Mother's Maiden Name Wishart
7. Mother's Birthplace Baltimore City
8. Full Name of Father Frank Duval
9. Father's Occupation Machinist
10. Father's Birthplace Va

Name of Medical Attendant, or other Person who makes this Return. L E Prichard MD

Address 1010 Chesapeake St

Remarks Quick and easy labor Very large Child Both mother and Child are doing well

8 9 5 0 0 0 6 3 9 7

Act of 1894, Chapter 177, Section 7. Every return of a birth, shall state the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

FILM

RETURN OF A BIRTH 68917

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: George Dufur Carter

No. of Child of Mother, (state whether ~~1st, 2d,~~ 3d, &c.)

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* Sept 29 1895
4. *Place of Birth (Street and Number),* 626 Carrollton ave
5. *Full Name of Mother,* Carrie Carter
6. *Mother's Maiden Name,* " Dufur
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Tom Carter
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Va

Name of Medical Attendant, or other person who makes this Return. C B Gamble

Address, 925 Cathedral

Remarks,

18950006398

ferred), its sex, color, [illegible] the first [illegible] shall be delivered, duly signed by the practitioner in the form of a certificate between the first and each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH. 68918

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 29th 95
4. *Place of Birth, (Street and Number)* 1405 N. Gulph St
5. *Full Name of Mother,* Helen Steppacher
6. *Mother's Maiden Name,* Helen Westheimer
7. *Mother's Birthplace,* Missouri
8. *Full Name of Father,* Louis Steppacher
9. *Father's Occupation* Merchant
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Philip Trotter M.D.

Address, 400 Cathedral St

Remarks,

8950006399

Wm. J. C. Dulany Co., City Printers and Stationers

By this act it is made the duty of the physician, midwife or other person who shall have been conferred) his sex, color, the full name and occupation of his parents, and the place of birth, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without attendance of a physician or midwife, the duty of the person or persons in charge of such said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without attendance of a physician or midwife, the duty of the person or persons in charge of such attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68919

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 29th 1895.
4. Place of Birth, (Street and Number) 1314 Greenmount Ave
5. Full Name of Mother, Emma E. Evans.
6. Mother's Maiden Name, " " Riley.
7. Mother's Birthplace, Balto. Co. Md.
8. Full Name of Father, John W. Evans.
9. Father's Occupation Printer
10. Father's Birthplace. City

Name of Medical Attendant, or other person who makes this Return. William A. B. Sellman M.D.

Address. 5 East Biddle St.

Remarks, 1 8 9 5 0 0 0 6 4 0 0

month, and shall set forth as far as of the same name and occupation of its parents, the hour and day of birth, whether the first and child or twin, the sex, color, the full name and occupation of its parents, the place of birth of any child born within the city of Baltimore, shall be delivered, duly signed by the person or persons attending at the birth, to the office of the Commissioner of Health, in the form of a certificate to be provided by the Commissioner, and every such certificate shall be delivered to the Commissioner of Health within the period of one month from the birth thereof, and every month no other person be in attendance upon the birth of a child, or any other person or persons who shall have charge of the person or parents of such child, or report the same to the Commissioner of Health, in the manner and within the period aforesaid, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 68920

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd.
1. *Sex, (state whether male or female)*	male
2. *Race or color, (if not of the white race)*	white
3. *Date of Birth,*	Sept. 29. 1895
4. *Place of Birth, (Street and Number)*	1523 Retreat Street
5. *Full Name of Mother,*	Mary R. Carrick Laughlin
6. *Mother's Maiden Name,*	Prince George's Co. Md.
7. *Mother's Birthplace,*	Benj. C. Carrick
8. *Full Name of Father,*	molowa
9. *Father's Occupation,*	Prince George's Co. Md.
10. *Father's Birthplace,*	E. G. Shower Md
Name of Medical Attendant, or other person who makes this Return.	2516 Penna. Ave.
Address,	
Remarks,	8950006401

been conferred) its sex, color, (if not white race) the date of birth, place of birth, and the full name and surname of the mother, in the form of a certificate between the first and said schedule each and every month to the office of the Commissioner of Health, in which shall be specified the number of such child, and the full name and surname of the father, if known, and if not known, no other person be in shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such attendance upon the mother, immediately after the birth, to report the particulars of such birth, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be and are hereby subject to the fine of ten (10) dollars for each offence; to be recovered as other fines and forfeitures are recoverable.

A. G. SALANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 68921

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September the 29 18.95
4. *Place of Birth, (Street and Number)* Parish st No 412
5. *Fall Name of Mother,* Estell Lorey
6. *Mother's Maiden Name,* Estell marlo
7. *Mother's Birthplace,* Mont gumery Co Md
8. *Full Name of Father,* howard Lorey
9. *Father's Occupation* Breakman
10. *Father's Birthplace,* princes georges Co Md

Name of Medical Attendant, or other person who makes this Return. Mrs E Tilley

Address, No 19.22 Milkins Av

Remarks,

8950006402

Any person who shall be within the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence to be recovered in other fines and forfeitures to be recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68922

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept. 29, 1895
4. Place of Birth, (Street and Number) 1011 Low St
5. Full Name of Mother, Rachel Seven
6. Mother's Maiden Name, R. Linezinger
7. Mother's Birthplace, Russia
8. Full Name of Father, Lewis Seven
9. Father's Occupation Butcher
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Finelberg

Address, 27 Lloyd St.

Remarks,

1 8 9 5 0 0 0 6 4 0 3

attendance upon the mother, immediately thereafter, shall be in attendance upon the mother, or in her stead, or should no other person be in attendance upon the mother, immediately thereafter, shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68928

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 29th. 1895.
4. Place of Birth, (Street and Number) 703 William St.
5. Full Name of Mother, Rachel Jospe
6. Mother's Maiden Name, Rachel Moses
7. Mother's Birthplace, Russian
8. Full Name of Father, Joseph Jospe
9. Father's Occupation, Operator
10. Father's Birthplace, Russian

Name of Medical Attendant, or other person who makes this Return, Dr. W. Rubinstein

Address, 105 W. Burre St. Balto. Md.

Remarks,

1 8 9 5 0 0 0 6 4 0 4

attendance upon the mother, immediately thereafter it shall be the duty of the mother, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time prescribed by the rules and regulations of the Board of Health, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68924

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence; to be recovered as other fines and forfeitures are recoverable.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 29th September 95
4. Place of Birth, (Street and Number) 1119 Mc Ellwyn
5. Full Name of Mother, Essie Schneider
6. Mother's Maiden Name, Essie Kusnitz
7. Mother's Birthplace, Russia
8. Full Name of Father, Morris Schneider
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Jetta Klawansky

Address, 1022 E. Lombard st.

Remarks,

1 8 9 5 0 0 0 6 4 0 5

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68925

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September 29
4. *Place of Birth, (Street and Number)* Baltimore 1309 Patapsco st.
5. *Full Name of Mother,* Lizzie Schafermann
6. *Mother's Maiden Name,* Lizzie Rosa
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Hermann Schafermann
9. *Father's Occupation* Tabor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Bange

Address, 714 N. Crosset

Remarks,

8950006406

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68926

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 29
4. Place of Birth, (Street and Number) 322 Bartlett St
5. Full Name of Mother, Barbara ~~Weber~~ Frang
6. Mother's Maiden Name, Weber
7. Mother's Birthplace, Germany
8. Full Name of Father, Phillip Frang
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Mary Warren

Address, 412 Scott St

Remarks,

1 8 9 5 0 0 0 6 4 0 7

occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the form and with the particulars required and any such person or parents who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance who is a resident of the State of Maryland, the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period herein required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be and is hereby subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68927

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. *Sex, (state whether male or female)* Girl.
2. *Race or Color, (if not of the white race)* white.
3. *Date of Birth,* 29. September.
4. *Place of Birth, (Street and Number)* S. 217. Chapel. Street.
5. *Full Name of Mother,* Martha Schütz.
6. *Mother's Maiden Name,* Martha Schwarzman.
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* Peter Schütz.
9. *Father's Occupation* Laborman.
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return, Mary Kloss.

Address, S. 9. Wolfe. Street.

Remarks,

6950006408

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68928

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d~~, &c.)

1. *Sex, (state whether ~~male~~ or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* September 29th
4. *Place of Birth, (Street and Number)* 906 Bevan St
5. *Full Name of Mother,* Louisa Stark
6. *Mother's Maiden Name,* Anderson
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Jacob Stark
9. *Father's Occupation* Baker
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return, Katie Münch

Address, 800 Leadenhall Street.

Remarks,

1 8 9 5 0 0 0 6 4 0 9

attendance upon the mother immediately thereafter, was one of an widery, or should no other person be in child-bearing, the mother herself, it shall become the duty of the person or parents of such child, to report the birth, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68929

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 29 September 95
4. Place of Birth, (Street and Number) 8 North Eden St
5. Full Name of Mother, Celia Watzman
6. Mother's Maiden Name, Celia Beder
7. Mother's Birthplace, Sadara
8. Full Name of Father, Louis Watzman
9. Father's Occupation, Tailor
10. Father's Birthplace, Sadara

Name of Medical Attendant, or other person who makes this Return, Letta Klowarsky

Address, 1022 E. Fleet St

Remarks, 8950006410

Wm J. C. Dulany Co., City Printers and Stationers.

Any person who shall be the father of a child, or the mother of a child, or the person or persons in whose house or premises any such child shall be born, or the person in charge of any such child, or any person who shall have the care of any such child, shall be required to report its birth to the Commissioner of Health, in the manner and within the period above specified, and any such person or persons who shall wilfully neglect or fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68930

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sep 30 '95
4. *Place of Birth, (Street and Number)* 1839 N. Chester St
5. *Full Name of Mother,* Mary Rosabella White
6. *Mother's Maiden Name,* " " Henly
7. *Mother's Birthplace,* Balto
8. *Full Name of Father.* E. A. White
9. *Father's Occupation* Bricklayer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Wm J. Watson

Address. 1519 N. Broadway

Remarks,

8 9 5 0 0 0 6 4 1 1

Wm. J. C. Dulany Co., City Printers and Stationers.

Attention is hereby given that it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 3-11-55

RETURN OF A BIRTH. 18931

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Henry Peter Kinsey

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 30 September
4. *Place of Birth, (Street and Number)* 448 Hamburg Street
5. *Full Name of Mother,* Mary Ann Kinsey
6. *Mother's Maiden Name,* Stallings
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Albert Stacy Kinsey
9. *Father's Occupation* Machinist
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Bange

Address, 7171 Crossist

Remarks,

8950006412

Wm. J. C. Dulany Co., City Printers and Stationers.

Any person who shall make or cause to be made any false or fraudulent return of birth, or shall fail to report the birth of any child hereafter born, or shall fail to report the birth to the Commissioner of Health, in the manner and within the period above required, and any person who shall fail to comply with the provisions of this section, or who shall be guilty of any violation of the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

attendance upon the mother, immediately hereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68932

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or ~~female~~)
2. Race or Color, (if not of the white race)
3. Date of Birth, September 30th 1895
4. Place of Birth, (Street and Number) 1020 South Charles St
5. Full Name of Mother, Mrs Louise Kraeuter
6. Mother's Maiden Name, Louise Kratz
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Mr William Kraeuter
9. Father's Occupation Signor Decor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Katie Münch

Address, 800 Leadenhall Street

Remarks,

8 9 5 0 0 0 6 4 1 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68933

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* September the 30 - 18 - 99
4. *Place of Birth, (Street and Number)* Bauce st no 3008
5. *Full Name of Mother,* Annie Kritzer
6. *Mother's Maiden Name,* Anna Schwartz
7. *Mother's Birthplace,* germany
8. *Full Name of Father,* Friedrich Kritzer
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs S Kelly

Address, no 1722 Milliken Ave

Remarks,

8950006414

attendance upon the mother immediately thereafter, it shall become the duty of the person or persons in such case to report the birth to the Commissioner of Health, by written notice, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 11-19-56

RETURN OF A BIRTH. 68934

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Frances Sophia Schoolden

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* September 30 - 1895
4. *Place of Birth, (Street and Number)* Lanvale St. N. 10
5. *Full Name of Mother,* Mary J. Schoolden
6. *Mother's Maiden Name,* White
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Bernard Schoolden
9. *Father's Occupation* Boiler Maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return Katie Minnich.

Address, 800 Leadenhall Street.

Remarks,

1 8 9 5 0 0 0 6 4 1 5

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68935

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race)
3. Date of Birth, Sept 30th 1895
4. Place of Birth, (Street and Number) 2395 Lyndon St
5. Full Name of Mother, Lillie Spence
6. Mother's Maiden Name, Lillie Boyer
7. Mother's Birthplace, Carroll Co
8. Full Name of Father, Mr John Spence
9. Father's Occupation Actor
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mary Gunson

Address, 1409 Lanvale St

Remarks,

8950006416

attendance upon the mother, immediately hereafter, shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above provided, and any such person or persons who shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68936

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth.* September 30th 95.
4. *Place of Birth. (Street and Number)* 861 N. Howard St.
5. *Full Name of Mother,* Bertha Mannes
6. *Mother's Maiden Name,* Bertha Goldsmith.
7. *Mother's Birthplace.* Baltimore, Md
8. *Full Name of Father,* Sidor Mannes
9. *Father's Occupation* Merchant Tailor
10. *Father's Birthplace,* Austria

Name of Medical Attendant, or other person who makes this Return, Henry C. Ohle M.D.

Address, 1203 N. Fayette St.

Remarks.

8950006417

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person in attendance upon the mother immediately thereafter, it shall become the duty of the person or parent in charge of the child to report its birth to the Commissioner of Health. In the manner and within the period above prescribed, any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are re

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CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

STATE OF MARYLAND

HR-RM 32
(4-1-54)
Hall of Records Commission

RETURN OF A BIRTH. 68936

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, September 30th 95.
4. Place of Birth, (Street and Number) 861 N. Howard St.
5. Full Name of Mother, Bertha Manus
6. Mother's Maiden Name, Bertha Goldsmith.
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Isidor Manus
9. Father's Occupation Merchant Tailor
10. Father's Birthplace, Austria

Name of Medical Attendant, or other person who makes this Return. Henry C. Ohle Md

Address, 1203 N. Fayette St

Remarks,

6950006417

shall occur without the attendance of a physician or practioner of midwifery, or should no other person
attendance upon the mother, immediately thereafter, in the manner and within the period above
child to report its birth to the Commissioner of Health, it shall be the duty of the person so
any such person or persons who shall neglect or fail to comply with the provisions of this section shall
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are re

Wm. J. C. Dulany Co., City Printers and Stationers.

attendance upon the mother, immediately thereafter, shall become the duty of the person or parents of such child, or the owner of the premises where such birth occurred, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68937

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 30 September 1895.
4. Place of Birth, (Street and Number) 2506 Fayette St.
5. Full Name of Mother, Lilly Whatmough
6. Mother's Maiden Name, Lilly Lloyd
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Georg Whatmough
9. Father's Occupation, Laborer
10. Father's Birthplace, London England

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8 9 5 0 0 0 6 4 1 8

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68938

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Sept 3d
4. *Place of Birth, (Street and Number)* 814 Woodyear St
5. *Full Name of Mother,* Sarah Turner
6. *Mother's Maiden Name,* Parose Brook
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Hodge Turner
9. *Father's Occupation* Laboring
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return. Hester Coleman

Address. 509 Preston St.

Remarks.

Any such person or persons who shall neglect or refuse to comply with the Commissioner of Health, in the manner and within the period above required, and subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1 8 9 5 0 0 6 4 1 9

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68939

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Kind

1. Sex, (state whether male or female) Knabe, Raphael Rosen
2. Race or Color, (if not of the white race) white race
3. Date of Birth, 31 September 1895
4. Place of Birth, (Street and Number) 917 E Fayet str
5. Full Name of Mother, Rael Rosin
6. Mother's Maiden Name. Europa
7. Mother's Birthplace. Salomon Rosin
8. Full Name of Father, C Klark
9. Father's Occupation. Europa
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Lina Wagenheim

Address, 1107 E Preatt str

Remarks, [illegible]

Full given name added by [illegible] 2/ 0' [illegible]

Salomon & Rachel Rosen Nov. 14-1927

Form J. C. Dulany Co., City Printers and Stationers.

Every person in charge of a place where a birth occurs, and every person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person in charge who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 68940

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* Colored
3. *Date of Birth,* 523 Orchard st
4. *Place of Birth (Street and Number),* September 5 1895
5. *Full Name of Mother,* Mary Johnson
6. *Mother's Maiden Name,* " Robinson
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Joseph Johnson
9. *Father's Occupation,* Sampler
10. *Father's Birthplace,* Baltimore County

Name of Medical Attendant, or other person who makes this Return. Ellen Moore

Address, 036 Harriet hill ave

Remarks,

8 9 5 0 0 0 6 4 2 1

The attendance of a physician or practitioner of midwifery, or should no other person be with the mother, the mother will act immediately thereafter shall become the duty of the person or parents of such child, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered, as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers

RETURN OF A BIRTH. 68941

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) colored
3. Date of Birth, Sept 10th 1895
4. Place of Birth, (Street and Number) Balto md Chapple st 129
5. Full Name of Mother, Susie Bowman
6. Mother's Maiden Name,
7. Mother's Birthplace, Fairfax Co va
8. Full Name of Father, Edward Montgomery
9. Father's Occupation Laborer
10. Father's Birthplace, Balto md

Name of Medical Attendant, or other person who makes this Return, Mrs Sarah A Jones

Address, Paterson Park Ave Nb 5-25

Remarks,

1 8 9 5 U. 0 0 5 4 2 2

Wm. J. C. Dulany Co., City Printers and Stationers.

...end day of each and every month to the office of the Commissioner of Health. To ease the birth of any child ... shall be a misdemeanor, and upon conviction of midwifery, or should no other person be in attendance upon the mother immediately after the birth of such child, the person or persons of such attendance upon the mother immediately after the birth of such child, the person or persons of such attendance shall become the duty of the person above required, and shall report to the Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the sum of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 68942

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) No of Ch 9

1. Sex, (state whether male or female) Male Ch

2. Race or Color, (if not of the white race) Ligth Brown Skin Col

3. Date of Birth, Sept the 30th 1895

4. Place of Birth, (Street and Number) No 102 young St

5. Full Name of Mother, Reginnia Baxter

6. Mother's Maiden Name, Reginnia Donnach

7. Mother's Birthplace, Eastern Shore Md

8. Full Name of Father, Abraham Baxter

9. Father's Occupation, Laborer in and out Door Work

10. Father's Birthplace, Eastern Shore Md

Name of Medical Attendant, or other person who makes this Return, Mrs Annie Forest

Address, Worm St Marys County Md

Remarks, Lives on ~~Cove~~ Chose St near Washington Av.

A

1895000642 3

Fine, $100 or Imprisonment, or both.

Any person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 68943

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sep 6th 1895
4. *Place of Birth, (Street and Number)* 430 Lanier Place
5. *Full Name of Mother,* Elizabeth McCormick
6. *Mother's Maiden Name,* Louise
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Andrew J. McCormick
9. *Father's Occupation* City Fireman
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Dr. J. B. Hart

Address, 8.6 J. Gilman Av

Remarks, Ward

1 8 9 5 0 0 0 6 4 2 4

shall occur without the attendance of a physician or practitioner or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In every case in which the person or parents of such child shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 68944

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 7th 1895
4. *Place of Birth, (Street and Number)* 138 Guilford Ave
5. *Full Name of Mother,* Emma Burkhart
6. *Mother's Maiden Name,* Schange
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Burkhart
9. *Father's Occupation* Garbage Collector
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, Dr. J. B. Hart

Address, 815 Jefferson Ave

Remarks, Waverly

8950005425

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68945

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

GIVEN NAME ADDED 7/12/61 [redacted] Koch

Name: August Henry

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2-du

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sep. 13th 1895
4. *Place of Birth, (Street and Number)* 16 Gough Ave.
5. *Full Name of Mother,* Mary Koch
6. *Mother's Maiden Name,* Dietzel
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Henry Koch
9. *Father's Occupation* Painter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Dr J. B. Hart

Address, Jefferson Av

Remarks, Death

8950006426

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth of any child, it shall become the duty of the person or persons, and in default of such duty, the mother, to give information of the birth, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68946

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 17th 1895
4. Place of Birth, (Street and Number) 174 Old York Road
5. Full Name of Mother, Lydia J. Maddock
6. Mother's Maiden Name, Clyde
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Thomas Maddock
9. Father's Occupation Tailor
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Dr J. B. Hart

Address, 815 Jefferson Ave

Remarks, Waverly

1 8 9 5 0 0 0 6 4 2 7

Shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth of a child, it shall become the duty of the person so present, such child to report to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (ten) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68947

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sep. 24th '95
4. *Place of Birth, (Street and Number)* Jenkins Lane
5. *Full Name of Mother,* Elizabeth A. Feustle
6. *Mother's Maiden Name,* Flack
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Leonard A. Feustle
9. *Father's Occupation* Piano tuner
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, Dr. J. B. Hart

Address, 815 Jefferson Ave

Remarks,

8950006428

Shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance within the time prescribed by law, it is hereby made the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68946

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Sept 20th 1895.
4. *Place of Birth, (Street and Number)* Charles St. Ave.
5. *Full Name of Mother,* Catherine N. O'neill
6. *Mother's Maiden Name,* Trenk
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John L. O'neill
9. *Father's Occupation* Coachman
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. J. B. Hart.

Address, 815 Jefferson Ave

Remarks, Maberly

8950006429

and occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall wilfully or negligently fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69021

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* October 1st 1895
4. *Place of Birth, (Street and Number)* 614 Constitution St.
5. *Full Name of Mother,* Agnes L. Atkins
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Richard L. Atkins
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Jesse M. A

Address, 805 Stirling Street

Remarks,

8950006430

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, within the period hereinafter required, and any such person or parents who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69022

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* October, 1st '95.
4. *Place of Birth, (Street and Number)* 1337 Hull Str.
5. *Full Name of Mother,* Kate Horst.
6. *Mother's Maiden Name,* Kate Joyanke.
7. *Mother's Birthplace,* Baltimore, Md.
8. *Full Name of Father,* Valentine Horst.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace,* Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, Amalie Boecker.

Address, 1339 Hull Str.

Remarks,

1 8 9 5 0 0 0 6 4 3 1

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 69023

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 1st of October 95
4. Place of Birth, (Street and Number) 502 Pulaski St.
5. Full Name of Mother, Mina Hartmann
6. Mother's Maiden Name, Mina Seidel
7. Mother's Birthplace, Balto
8. Full Name of Father, Emil Hartmann
9. Father's Occupation Labor
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Friederike Kessler Midwife

Address, 2116 W Pratt St.

Remarks,

8950006432

Attention is hereby given to the fact that it is the duty of the parents of a child, or in case of the death of the parents, or in case of their absence from the city, of the person in charge of such child, or in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be, and is hereby, subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69024

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, October 1 to
4. Place of Birth, (Street and Number) No 1425 Columbia av
5. Full Name of Mother, Elizabeth Dilker
6. Mother's Maiden Name, Easter
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Chas M. Dilker
9. Father's Occupation, Carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr Lucien Waters.

Address, 1218 Bayard St.

Remarks,

8 9 5 0 0 0 6 4 3 3

Wm J. C. Dulany Co., City Printers and Stationers.

All persons upon whom the duty of making this return shall fall, shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence; to be recovered as other fines and forfeitures are recoverable.

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, under penalty of twenty dollars for every such person who shall neglect or refuse to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69023

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or* [redacted]*)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 1 October
4. *Place of Birth, (Street and Number)* Dorthea 24 No 10
5. *Full Name of Mother,* Katie L. Lotie
6. *Mother's Maiden Name,* Katie Reinhardt
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John L. Louis
9. *Father's Occupation,* Bartender
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Katie Münch

Address, 800 Leadenhall Street

Remarks,

8950006434

Wm J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time herein prescribed, and any such person or persons who shall neglect or refuse to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69026

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) IIII

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 1/95
4. Place of Birth, (Street and Number) 329 E. Bonde Str.
5. Full Name of Mother, Martha Gollinghorst
6. Mother's Maiden Name, " Barth
7. Mother's Birthplace, Balto.
8. Full Name of Father, John Gollinghorst
9. Father's Occupation Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. Mrs. Deisenhofer

Address, 2225 Gough St.

Remarks.

8 9 5 0 0 0 6 4 3 5

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69027

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) W
3. Date of Birth, Oct 1st 1895
4. Place of Birth, (Street and Number) 826 East Ave Balto
5. Full Name of Mother, Laura Crawford
6. Mother's Maiden Name, Laura Moon
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Charles Crawford
9. Father's Occupation, Painter
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Annie Kubach Midwife

Address, 2838 Elliott st

Remarks,

8 9 5 0 0 0 6 4 3 6

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 68028

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Living

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 1 1895
4. *Place of Birth, (Street and Number)* 1143 William St
5. *Full Name of Mother,* Carrie L Baumiller
6. *Mother's Maiden Name,* Pole
7. *Mother's Birthplace,* West Virginia
8. *Full Name of Father,* Joseph Baumiller
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this return, Mrs E H Brooks

Address, 1008 Eutaw St

Remarks, Barry Well

1 8 9 5 0 0 0 6 4 3 7

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69029

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Oct. 1st 1895
4. Place of Birth, (Street and Number) 2104 Hollins St
5. Full Name of Mother, Hulda Johannes Harlin
6. Mother's Maiden Name, "
7. Mother's Birthplace, Sweden
8. Full Name of Father, H. H. Johannes
9. Father's Occupation, Salesman
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Dr M K Warner

Address, 901 N Shutter St

Remarks,

0950096430

attendance upon the mother, immediately thereafter, shall report the birth to the Registrar of Vital Statistics, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 69020

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

GIVEN NAME ADDED 9/30/55

Lottie Stricker

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Oct 1925
4. *Place of Birth, (Street and Number)* 1507 N. Charlesmont St
5. *Full Name of Mother,* Katie Stricker
6. *Mother's Maiden Name,* Mackenberg
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Jacob Stricker
9. *Father's Occupation* Baker
10. *Father's Birthplace.* Balto Md

Name of Medical Attendant, or other person who makes this Return, Barbara Moller

Address, 605 Walker St

Remarks,

attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such attendance, or of the parents of such child, if living in the same house, or of the owner and agent of the house, or other tenement, where such child is born, to report its birth to the Commissioner of Health, in the manner and within the time prescribed by the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1 8 9 5 0 0 0 6 4 3 9

RETURN OF A BIRTH 69031

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ruth Norwood Whiteside 1st

1. Sex (~~state whether male or~~ female),
2. Race or Color (if not of the white race),
3. Date of Birth, Oct 1st 1895
4. Place of Birth (Street and Number), 1800 St Paul St.
5. Fult Name of Mother, Gertrude Norwood Whiteside
6. Mother's Maiden Name, " Norwood
7. Mother's Birthplace, Md
8. Full Name of Father, Wm B. Whiteside
9. Father's Occupation, Druggist
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. Geo H Epps

Address, GIVEN NAME ADDED. 9-2-53 L.M. Linden Ave & Wilson St

Remarks,

T 8 9 5 0 0 0 3 4 4 0

Publishing Co., City Printers and Stationers.

Inspector, immediately thereafter it shall become the duty of the person or persons attending at such birth to report the same to the Commissioner of Health, in the manner and within the period prescribed by the rules and regulations of the Board of Health, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69132

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 1st 1895
4. Place of Birth, (Street and Number) 630 N Fulton Ave
5. Full Name of Mother, Nora Doty
6. Mother's Maiden Name, Etchison
7. Mother's Birthplace, Frederick County Md.
8. Full Name of Father, E W Doty
9. Father's Occupation, Mail Service U.S.
10. Father's Birthplace, Frederick Co Md

Name of Medical Attendant, or other person who makes this Return, D M Kilbarer

Address, 901 N Stricker

Remarks,

1 8 9 5 0 0 0 3 4 4 1

Ordinance upon the mother, hereinafter mentioned, shall become the duty of the person or persons in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period of time specified in said ordinance, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars, for each offense, to be recovered as other fines and forfeitures are recoverable.

WM J C DULANY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 69033

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 1st 1895
4. Place of Birth, (Street and Number) 410 Hoffman St West
5. Full Name of Mother, Katie O'Donell
6. Mother's Maiden Name, Katie O'Donell
7. Mother's Birthplace, Md
8. Full Name of Father, William Grant
9. Father's Occupation Printer
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, Louise Eaton Res Physician

Address, Maternité Woman's Med. College

Remarks, 410 W. Hoffman St.

1895 0006442

Wm. J. C. Dulany Co., City Printers and Stationers.

Immediately upon the birth of a child to a married woman, it shall become the duty of the person or parents of such child to report such birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence; to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69034

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* October 1st 1895
4. *Place of Birth, (Street and Number)* 2116 Etting St
5. *Full Name of Mother,* Minnie Marshall
6. *Mother's Maiden Name,* " " Stewart
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* James Marshall
9. *Father's Occupation* Coachman
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return. Amelia Johnson

Address, 1024 Park ave

Remarks,

8 9 5 0 0 0 6 4 4 3

Wm. J. C. Dulany Co., City Printers and Stationers.

Any person who shall be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69035

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Boy

1. Sex, (state whether male or female) —

2. Race or Color, (if not of the white race) with

3. Date of Birth. 1 Oktober 1895

4. Place of Birth, (Street and Number) 614 S. Chapel Str.

5. Full Name of Mother, Albertine Repke

6. Mother's Maiden Name, — — — Seggemann

7. Mother's Birthplace, Germany

8. Full Name of Father, Bernhard Repke

9. Father's Occupation Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Wm. H. Kneen M.D.

Address, 1922 E. Fayette Str.

Remarks.

6 9 5 0 0 0 6 4 4 4

Wm. J. C. Dulany Co., City Printers and Stationers.

attendance upon the mother immediately thereafter, it shall become the duty of the parents or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69036

CERTIFICATE CORRECTED 8-11-

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Henry ~~James~~ Schrauder

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2nd ~~1st~~ October 95
4. Place of Birth, (Street and Number) 123 Stoffert St
5. Full Name of Mother, Margaret Schrauder (~~Mary~~) (~~Schrauder~~)
6. Mother's Maiden Name, (~~Mary~~) Zülauf
7. Mother's Birthplace, Germany
8. Full Name of Father, John Georg (~~Schrauder~~) Schrauder
9. Father's Occupation Brauer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Friederike Heuler Midwife

Address, 2116 W. Pratt St

Remarks,

8 9 5 0 0 0 6 4 4 5

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 69037

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) M
2. Race or Color, (if not of the white race) W
3. Date of Birth, Oct 1st 9r
4. Place of Birth, (Street and Number) 1121 E Lexington St.
5. Full Name of Mother, Zellie Gygiet
6. Mother's Maiden Name, Zellie Pinoski
7. Mother's Birthplace, Germany
8. Full Name of Father, I Gygiet
9. Father's Occupation, Peddler
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Adam Geer

Address,

Remarks,

B950C03446

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, then the mother, immediately after the birth, or the person or persons in attendance, shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. D. BULLADY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 69138

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color; (if not of the white race)* White
3. *Date of Birth,* October 1st 1895.
4. *Place of Birth, (Street and Number)* 2540 S Francis Street
5. *Full Name of Mother,* Catherine Volz
6. *Mother's Maiden Name,* Catherine Kriess
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Volz
9. *Father's Occupation,* Restaurant Keeper
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return G. H. Riedlecker

Address, #119 W. Saratoga St City.

Remarks,

B 9 5 0 0 0 6 4 4 7

Birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person to be attendant upon the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within such time as shall be prescribed by ordinance of the Board of Health, and any person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence to be recovered as other fines and penalties are recoverable.

CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 69039

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct. 6
4. *Place of Birth, (Street and Number)* #102 N. Arnusta
5. *Full Name of Mother,* Mary Lambert
6. *Mother's Maiden Name,* Mary McDonough
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Geo. Lambert
9. *Father's Occupation* Dry goods Clerk
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary A. Pertram

Address, 248 S. Charles

Remarks,

8950006448

Shall have without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and upon neglect or refusal so to do, the parents, or other persons, violating the provisions of this section shall be subjected to the fine of fifty dollars for each offence, to be recovered, as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69040

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Kind

1. Sex, (state whether male or female) Knabe
2. Race or Color, (if not of the white race) white race
3. Date of Birth, 1 October 95
4. Place of Birth, (Street and Number) 126 E. Gough str
5. Full Name of Mother,
6. Mother's Maiden Name, Jenny Lasinsky
7. Mother's Birthplace, Europa
8. Full Name of Father, Salomon Lasinsky
9. Father's Occupation, Leather
10. Father's Birthplace, Europa

Name of Medical Attendant, or other person who makes this Return. befor L. Handler

Address, Lina Wagenheim

Remarks, 1107 E Pratt str

8 9 5 0 0 0 6 4 4 9

This blank must be sent by another, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69041

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* —
3. *Date of Birth,* Oct 1st 195
4. *Place of Birth, (Street and Number)* No. 513 Old Castle Str.
5. *Full Name of Mother,* Lillie Sandise
6. *Mother's Maiden Name,* Bookmanne
7. *Mother's Birthplace,* Phila
8. *Full Name of Father,* Joseph Lowtin
9. *Father's Occupation* Longshoreman
10. *Father's Birthplace,* Washington

Name of Medical Attendant, or other person who makes this Return, Wal L. Gross.

Address, No. 1907 E. Monument Str.

Remarks, 1895000 0450

Wm. J. C. Dulany Co., City Printers and Stationers.

Section 4. Without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately preceding, and at the time of the birth, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69042

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 1st 1895
4. Place of Birth, (Street and Number) Alice Anna St 1803
5. Full Name of Mother, Rosa Brockoski
6. Mother's Maiden Name, " Zenatzka
7. Mother's Birthplace, Poland
8. Full Name of Father, Jacob Brockoski
9. Father's Occupation Laborer
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return. Mary Zeitzka

Address, Edd S. Bane

Remarks,

8950006451

Wm. J. C. Dulany Co., City Printers and Stationers.

Any person who shall make false or fraudulent statements in any of the particulars of such report, or who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Any person who shall hereafter, knowingly, or with intent to defraud, make false or fraudulent statements in any of the particulars of such report, or who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69043

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female). Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 1 st 1895
4. Place of Birth, (Street and Number) Ann St. 730
5. Full Name of Mother, Anna Kashinachick
6. Mother's Maiden Name, Kopper
7. Mother's Birthplace, Poland
8. Full Name of Father, Jan Kashinachick
9. Father's Occupation Laborer
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Mary Kozka

Address, 612 S. Bond St.

Remarks,

1 8 9 5 0 0 0 6 4 5 2

attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, duly sworn to, within twenty-four hours after such birth, and any person or persons who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69044

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Abraham J.

1. Sex, (state whether male or female) Male 2nd
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 1st
4. Place of Birth, (Street and Number) 28 High.
5. Full Name of Mother, Bobbie Rosenstein
6. Mother's Maiden Name, Bobbie Sanet
7. Mother's Birthplace, Russia
8. Full Name of Father, Isaac Rosenstein
9. Father's Occupation ~~Tailor~~ Tayler
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Clara Nasan

Address, 1004 E. Lombard St.

Remarks,

8950006453

Wm. J. C. Dulany Co., City Printers and Stationers.

Reliance upon the mother, immediately hereafter, it shall become the duty of the person or other person in charge of such mother, or the physician or midwife, in the manner and within the period above recited, to report its birth, the name of such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 69045

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth,* Oct 1st 95.
4. *Place of Birth, (Street and Number)* 831 Granby St.
5. *Full Name of Mother,* Katie Blumenburg
6. *Mother's Maiden Name,* Katie Wolfe
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Max Blumenburg
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return Eldon Geer

Address,

Remarks,

1 8 9 5 0 0 0 3 4 5 4

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the mother, within five days, and the attendant, within five days after the birth, shall each be required to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & SON, CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 69046

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d-

1. Sex, (state whether male or female) Female,
2. Race or Color, (if not of the white race) White,
3. Date of Birth, October 1st,
4. Place of Birth, (Street and Number) No 1607 W. Mulberry St.
5. Full Name of Mother, Italina Orlando
6. Mother's Maiden Name, Chelini,
7. Mother's Birthplace, Italy,
8. Full Name of Father, Valutino Orlando,
9. Father's Occupation, Fresco-Painter,
10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return, [signature]

Address, 721 Columbia Ave-

Remarks,

8950006455

attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69047

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* female
2. *Race or Color, (~~if not of the white race~~)* ——
3. *Date of Birth,* October 2nd 1895
4. *Place of Birth, (Street and Number)* 1202 Chester Street
5. *Full Name of Mother,* Olive Hutton
6. *Mother's Maiden Name,* Olive Cavanaugh
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Harry H. Hutton
9. *Father's Occupation,* Driver
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Albert S. Atkinson M.D.

Address, 1013 Madison Ave

Remarks,

8 9 5 0 0 0 6 4 5 6

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69048

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or [redacted]

2. Race or Color, (if not of the white race)

3. Date of Birth, 2nd October.

4. Place of Birth, (Street and Number) 1037 Hanover St.

5. Full Name of Mother, Louisa B. Glauber

6. Mother's Maiden Name, Louisa B. Meyer

7. Mother's Birthplace, Baltimore City.

8. Full Name of Father, John H. Glauber

9. Father's Occupation, Candy Manufacturer.

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Katie Münch

Address, 800 Leadenhall Street

Remarks,

8950006457

Attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child, or the person in charge of the house, or the physician or midwife, to make and deliver to the registrar, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69049

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* October 2nd 1895
4. *Place of Birth, (Street and Number)* 815 S. Charles st city
5. *Full Name of Mother,* Maggie Pauline Miller
6. *Mother's Maiden Name,* Maggie Pauline Lehnoes
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Phillips Miller
9. *Father's Occupation,* Dyer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Katie Munch

Address, 800 Leadenhall Street

Remarks,

8950006458

attendance upon the mother, immediately thereafter it shall become the duty of the person or persons so in attendance to give notice of such birth to the Commissioner of Health, in the manner and within the period prescribed, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69050

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 5

1. *Sex*, (*state whether male or female*) Male
2. *Race or Color*, (*if not of the white race*)
3. *Date of Birth*, Oct 25
4. *Place of Birth*, (*Street and Number*) 941 N Eastlake St
5. *Full Name of Mother*, Annie Conroy
6. *Mother's Maiden Name*, Conroy
7. *Mother's Birthplace*, Balto Md
8. *Full Name of Father*, Peter Conroy
9. *Father's Occupation* Laborer
10. *Father's Birthplace*, Balto Md

Name of Medical Attendant, or other person who makes this Return, Caroline Miller

Address, 1025 Walker St

Remarks,

attendance upon the mother, immediately thereafter, it shall become the duty of the parents or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1 8 9 5 0 0 0 6 4 5 9

RETURN OF A BIRTH. 69051

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* boy
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 2 October
4. *Place of Birth, (Street and Number)* 738 East Ave.
5. *Full Name of Mother,* Lena Schwartzhopf
6. *Mother's Maiden Name,* Lena Fahner
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Joseph Schwartzhopf
9. *Father's Occupation* policeman
10. *Father's Birthplace,* Balt.

Name of Medical Attendant, or other person who makes this Return, Anna Walter

Address, 928 N. East Avenue

Remarks,

1 8 9 5 0 0 0 6 4 6 0

attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above specified; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69053

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d,

1. *Sex, (state whether male or female)* Male,
2. *Race or Color, (if not of the white race)* White,
3. *Date of Birth,* October 2d,
4. *Place of Birth, (Street and Number)* Clemedria Ave & Bridge over Falls, No number
5. *Full Name of Mother,* Aggie Flaig,
6. *Mother's Maiden Name,* Miller,
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Louis Flaig
9. *Father's Occupation,* House-painter
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return, [illegible] M.D.

Address, 721 Columbia Ave.

Remarks,

8 Y 5 0 0 0 6 4 6 1

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time required and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the mother, if able, shall within ten days after the birth, report the birth of such child to the Board of Health, in the manner and within the period above prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69053

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 2 1895
4. *Place of Birth, (Street and Number)* Falls Road
5. *Full Name of Mother,* Estella Horton
6. *Mother's Maiden Name,* Yepp
7. *Mother's Birthplace,* Watersville Carroll Co
8. *Full Name of Father,* W a Horton
9. *Father's Occupation* Carpentar
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, Mary a Martin

Address, 2804 Cedar avenue

Remarks,

8950006462

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69054

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* —
3. *Date of Birth.* Oct 2nd / 95
4. *Place of Birth. (Street and Number)* No 1402 Park Ave.
5. *Full Name of Mother,* Katie Grimes
6. *Mother's Maiden Name,* Donnelly
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Frank Grimes
9. *Father's Occupation* asst yard master
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Wm L Gross

Address. No 1907 E Monument Ave.

Remarks, 6950006463

...all occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, it shall become the duty of the person or parents of such child to report the same to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69055

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 2nd 1895
4. Place of Birth, (Street and Number) Mine Bank Lane
5. Full Name of Mother, Annie Dorney
6. Mother's Maiden Name, Annie Regrand
7. Mother's Birthplace, Balto Md
8. Full Name of Father, William Dorney
9. Father's Occupation, Carpenter
10. Father's Birthplace, Baltimore Co

Name of Medical Attendant, or other person who makes this Return, W. D. Corse M.D.

Address, Gardenville

Remarks, Balto Co

8 9 5 0 0 0 3 4 6 4

Side

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

attendance upon the mother, immediately thereafter, a fee of ten dollars, and no other person shall be entitled to report a birth to the Commissioner of Health. In the income tax return of such person shall be allowed as a deduction the fee so paid. Any such person who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69056

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth. Oct 7. 1895.

4. Place of Birth, (Street and Number) 1215 North Gay St

5. Full Name of Mother, Emma V. Schuchardt

6. Mother's Maiden Name, " " Kaiser

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Chas. J. Schuchardt

9. Father's Occupation Plumber

10. Father's Birthplace, Pennsylvania

Name of Medical Attendant, or other person who makes this Return, Wm J. Watson

Address, 1519 N. Broadway

Remarks,

1895000465

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] Section 1. Be it enacted by the General Assembly of Maryland, That it shall be the duty of the attendance of a physician, or midwife, or other person in the case of any birth, to make a return of such birth to the office of the registrar of vital statistics, in the city of Baltimore, or to such other person he in attendance may direct, which said return shall be made within the period above specified, and shall become the duty of such person or parents of such child to procure its birth to be so registered, and if the said return shall not be made within the period above specified, or shall not be made by such person or persons as aforesaid, or shall not be made in the manner and with the provisions of this section, such person or persons so neglecting or refusing shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 69057

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Black

3. Date of Birth, Oct 2 95

4. Place of Birth, (Street and Number) 1119 Mary Alley

5. Full Name of Mother, Marcella Segnick

6. Mother's Maiden Name, Merrick

7. Mother's Birthplace, Baltimore, Md

8. Full Name of Father, Eugene Segnick

9. Father's Occupation, Marble Cutter

10. Father's Birthplace, Martinsburg W Va

Name of Medical Attendant, or other Person who makes this Return Celly Dodson

Address. 1405 Madison Av

Remarks,

8950005466

Certificate, between the first and third days of each and every month to the Board of Health. In case the birth of any child shall occur without the attendance of a physician or of a midwifery, or in a penitentiary or a hospital, or in a conveyance upon the navigable waters of the United States, it shall then become the duty of the person or parents, or such other person as may be in charge of the mother, to report the birth in the above form to the Board of Health, in the manner and within the period above specified, and the cases of the births and deaths of children and adults in institutions, and of persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...NS, CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED - 4/3/67

RETURN OF A BIRTH. 69058

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: MILDRED EVELYN ~~BOYAR~~ BOYAR

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) few mall
2. Race or Color, (if not of the white race) Calard
3. Date of Birth. Octoker 2 1895
4. Place of Birth, (Street and Number) 221 E Ellirrg st
5. Full Name of Mother, mary E Boyar.
6. Mother's Maiden Name, Mary E Gibbons
7. Mother's Birthplace, Ea Tern shore marland
8. Full Name of Father, Charlie K Bayar
9. Father's Occupation Watirg
10. Father's Birthplace, snow Hill marland.

Name of Medical Attendant, or other person who makes this Return, maria Jons

Address, Wheteen 1337

Remarks, 8950006467

day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69059

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race) colored
3. Date of Birth, Oct 20nd 95
4. Place of Birth, (Street and Number) 1415 Maryland ave
5. Full Name of Mother, Rosa V Hawkings
6. Mother's Maiden Name, " " " "
7. Mother's Birthplace. Carroll Co Md
8. Full Name of Father, James Medly
9. Father's Occupation, Farmer
10. Father's Birthplace, Carroll Co Md

Name of Medical Attendant, or other person who makes this Return, Mrs Virginia Hamilton

Address, 626 Ridgewood ave

Remarks, Balto

8 9 5 0 0 0 6 4 6 8

Shall never without a reasonable excuse, a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69060

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 2, 1895.
4. *Place of Birth, (Street and Number)* 1309 N. Calhoun St.
5. *Full Name of Mother,* Sarah Catherine Norris.
6. *Mother's Maiden Name,* Moreshan.
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* John F. Norris.
9. *Father's Occupation* Coach painter.
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chesnut ave.

Remarks,

8950006469

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of the above section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69061

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* October 2, 1895.
4. *Place of Birth, (Street and Number)* 680 Hickory ave.
5. *Full Name of Mother,* Sadie E. Patton.
6. *Mother's Maiden Name,* Sprinkle.
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* Lawson S. Patton.
9. *Father's Occupation* Ice wagon driver.
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks, —

8950006470

GIVEN NAME ADDED - 8/23/98

RETURN OF A BIRTH. 69062

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: JENNIE ~~JOHNSON~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, October 2nd 1895
4. Place of Birth, (Street and Number) 589 Union St
5. Full Name of Mother, Mary Johnson
6. Mother's Maiden Name, " " Watkins
7. Mother's Birthplace, Portsmouth Virginia
8. Full Name of Father, Walter Johnson
9. Father's Occupation Laborer
10. Father's Birthplace, Anna Arundel Co Md

Name of Medical Attendant, or other person who makes this Return, Amelia Johnson

Address, 1124 Paul Ave,

Remarks,

8950006471

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person last required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other dues and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69063

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, October 2, 1895
4. Place of Birth, (Street and Number) 410 N. Hoffman St.
5. Full Name of Mother, Fertia Johnson
6. Mother's Maiden Name, Fertia Johnson
7. Mother's Birthplace, Va
8. Full Name of Father Walter Bell
9. Father's Occupation Barber
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return Louis Eaton M. D. Res Hyp.

Address, Maternité Mercy Med. College

Remarks, 410 N. Hoffman St.

8 9 5 0 0 0 6 4 7 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69064

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* [illegible]
4. *Place of Birth, (Street and Number)* [illegible] Eastern Ave
5. *Full Name of Mother,* [illegible]
6. *Mother's Maiden Name,* [illegible]
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* [illegible]
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. Max Y. Feldman

Address, 1413 E. Lombard St

Remarks, 8950003473

Shall any be such and every month to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or the said or other person who is in attendance upon the mother shall neglect or refuse to make the said return, or shall make a false return, or shall omit to report, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person, or parent or guardian of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the penalty of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69065

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Alice Ann Oct. 1895
4. Place of Birth, (Street and Number) Oct 2nd 1895
5. Full Name of Mother, Maggie Sawitzki
6. Mother's Maiden Name, " Lucendska
7. Mother's Birthplace. Poland
8. Full Name of Father, George Sawitzki
9. Father's Occupation Laborer
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return. Mary Kratka

Address. 692 S. Bond St

Remarks.

8950006474

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance, the mother, if able, shall become the duty of the person, or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69066

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 2 Oct 1895
4. *Place of Birth, (Street and Number)* 39 E. Pratt st
5. *Full Name of Mother,* Ellen Shaw
6. *Mother's Maiden Name,* Yager
7. *Mother's Birthplace,* Washington
8. *Full Name of Father,* Franklin Shaw
9. *Father's Occupation* Fireman B & O R R
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs E C Brooks

Address, 1328 Eutaw st

Remarks, Mary M. M.

8950006475

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 69087

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Blk
3. Date of Birth, Oct 2. 95.
4. Place of Birth, (Street and Number) 105 Chestnut alley
5. Full Name of Mother, Eliza Gray
6. Mother's Maiden Name, do
7. Mother's Birthplace, City
8. Full Name of Father, Unknown
9. Father's Occupation, do
10. Father's Birthplace, do

Name of Medical Attendant, or other person who makes this Return. Midwife per

Address,

Remarks,

8 9 5 0 0 0 5 4 7 6

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, with the particulars above required, and any other person or persons who shall here offense, to be recovered as other fines and forfeitures are recoverable. jected to the fine of ten (10) dollars for each

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RETURN OF A BIRTH. 69068

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &*c*.) 1

1. *Sex*, (*state whether male or female*) male

2. *Race or Color*, (*if not of the white race*) Colored

3. *Date of Birth*, Oct. 2 - 95

4. *Place of Birth*, (*Street and Number*) 622 N. Lombard St

5. *Full Name of Mother*, Annie Coleman

6. *Mother's Maiden Name*,

7. *Mother's Birthplace*,

8. *Full Name of Father*,

9. *Father's Occupation*

10. *Father's Birthplace*,

Name of Medical Attendant, or other person who makes this Return, J McG Dick

Address, 622 N. Lombard 21

Remarks,

8950006477

[illegible] attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report the same to the Registrar of Vital Statistics, in the manner and within the period above prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine or ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69069

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Male & Female (Twins)
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Oct. 3 -95
4. *Place of Birth, (Street and Number)* 813 Vine St
5. *Full Name of Mother,* Annie Johnson
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Dr. R. Brown

Address, 622 W Lombard St

Remarks,

8 9 5 0 0 0 6 4 7 8

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shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69070

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)* white

3. *Date of Birth,* 3 Oct.

4. *Place of Birth, (Street and Number)* 1133 Pinkney St.

5. *Full Name of Mother,* Annie Denninger

6. *Mother's Maiden Name,* Lenhart

7. *Mother's Birthplace,* Balt.

8. *Full Name of Father,* John F. Denninger

9. *Father's Occupation* Driver

10. *Father's Birthplace,* Balt.

Name of Medical Attendant, or other person who makes this Return, A. v. Bauge

Address, 714 W. Lom St.

Remarks,

8950006479

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69071

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 3rd 1895
4. *Place of Birth, (Street and Number)* 1201 Myrtle ave
5. *Full Name of Mother,* Mary E. Siebold
6. *Mother's Maiden Name,* " " Holtz
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Lewis B. Siebold
9. *Father's Occupation* Foreman
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Jas. E. Gibbons M.D.

Address, 1102 W. Lafayette ave

Remarks,

8 9 5 0 0 0 6 4 8 0

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child, or in default thereof, the occupant of the premises where such birth shall occur, to give notice to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 7-18-95

RETURN OF A BIRTH 69072

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Raymond Metzman Pabst

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex (state whether male or female), male
2. Race or Color (if not of the white race), White
3. Date of Birth, 3 Oct. - 1895
4. Place of Birth (Street and Number), 1622 Ashland Ave
5. Full Name of Mother, Florance N Olesendem
6. Mother's Maiden Name, Florance Pabst
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, William Pabst
9. Father's Occupation, Carpenter 1622 ashland
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary E Price

Address, 1630 ashland

Remarks, healthy child

6950006481

the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter (shall have been delivered of a child) report in writing to the Commissioner of Health, in the form above required, and within the period above required, and to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 69073

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Oct. 3, '95
4. *Place of Birth, (Street and Number)* 534 E. Arnold St.
5. *Full Name of Mother,* Barbara Geckert
6. *Mother's Maiden Name,* " Bettermann
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Christopher Geckert
9. *Father's Occupation* Lumber Inspector
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, Caroline Moffler

Address, 1605 Walker St

Remarks,

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance, then the mother herself, in the presence of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8 9 5 0 0 0 6 4 8 2

RETURN OF A BIRTH. 69074

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Girl.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth.* Oct 3, 1895
4. *Place of Birth, (Street and Number)* 1420 S. Charles.
5. *Full Name of Mother,* Betty Burkert
6. *Mother's Maiden Name,* Betty Hertel.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Alfred Burkert
9. *Father's Occupation* Baker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Wesley Cole, M.D.

Address, 1326 S. Charles St. Baltimore Md.

Remarks. 1895000483

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] 1895 [illegible] any person is to be in charge of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69075

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Oct 3 d. 1895
4. Place of Birth, (Street and Number) 4 400 Front St Balto. Md.
5. Full Name of Mother, Kate F. Sweeney.
6. Mother's Maiden Name, Kate F. Finnegan.
7. Mother's Birthplace, New York City.
8. Full Name of Father, Joseph H. Sweeney
9. Father's Occupation Salesman in Shoe house
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Susan Hunter

Address, 23 N Poppleton St

Remarks, 1 8 9 5 0 0 0 6 4 8 4

Wm. J. C. Dulany Co., City Printers and Stationers.

Upon the birth of any child, it shall be the duty of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician, or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars per each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 8-23-55

RETURN OF A BIRTH. 69076

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Edward Milton — H. Murray

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Color. race
3. Date of Birth, October 3. 1895.
4. Place of Birth, (Street and Number) 823 Plum Row.
5. Full Name of Mother, Sarah M. Murray.
6. Mother's Maiden Name, Sarah M. Chase
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Alexander Murray
9. Father's Occupation Farmer.
10. Father's Birthplace, West River M. D.

Name of Medical Attendant, or other person who makes this Return. Abbilla Brooks.

Address, 1132 Warner street

Remarks, Doing Well.

8950006485

Any or each and every month to the Office of the Commissioner of Health, in the City of Baltimore, a true and correct return of every birth which shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, the person who shall become the duty of the person or parents of such child to report its birth, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 69077

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 3rd 1895
4. *Place of Birth, (Street and Number)* 141 N Patterson Pk Ave
5. *Full Name of Mother,* Mary E Giles
6. *Mother's Maiden Name,* " Sheridan
7. *Mother's Birthplace,* Williamsport
8. *Full Name of Father,* Alonzo Giles
9. *Father's Occupation* ~~Labor~~ Carpenter
10. *Father's Birthplace,* Wyomico County

Name of Medical Attendant, or other person who makes this Return, Mrs Hannah E Brown

Address, 210 Orleans Street Balto Md.

Remarks,

8950006486

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69078

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, October 3 1895
4. Place of Birth, (Street and Number) 219 North St
5. Full Name of Mother, Mary J Wallace
6. Mother's Maiden Name, Mary J Dennis
7. Mother's Birthplace, Calvert Co Md
8. Full Name of Father, Stephen H Wallace
9. Father's Occupation, Porter
10. Father's Birthplace, Calvert Co Md

Name of Medical Attendant, or other person who makes this Return. Mollie Gross

Address, 423 Hamburg St

Remarks,

1895000064 87

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, the person who shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 69079

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, October 3, 1895.
4. Place of Birth, (Street and Number) 258 Cedar av.
5. Full Name of Mother, Mary Irene Wirth.
6. Mother's Maiden Name, Sloustrup.
7. Mother's Birthplace, Md.
8. Full Name of Father, James M. Wirth.
9. Father's Occupation Railroader, S
10. Father's Birthplace, Pa.

Name of Medical Attendant, or other person who makes this Return. Chas. H. Mitchell M.D.

Address, 291 Chestnut av.

Remarks,

1 8 9 5 0 0 0 6 4 8 8

Wm. J. C. Dulany Co., City Printers and Stationers.

Third day of each and every month to the office of the Commissioner, Rm. 16. In case the 1st, or 3d day of any month shall be Sunday, or on Christmas day, or on the day of any general election, or should no other person be in attendance without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above stated, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69080

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Oct 3 1895
4. *Place of Birth, (Street and Number)* 1101 Robson St
5. *Full Name of Mother,* Sarah Blanch
6. *Mother's Maiden Name,* Swain
7. *Mother's Birthplace,* U.S.A.
8. *Full Name of Father,* Geo Henry Tracy
9. *Father's Occupation* Merchant
10. *Father's Birthplace,* U.S.A.

Name of Medical Attendant, or other person who makes this Return, E Snellenburg MD

Address, 1114 Chesapeake St

Remarks,

8 9 5 0 0 0 6 4 8 9

Shall incur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, then the mother, or in her default, the person in charge of the house, or person so attending, shall fail to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69081

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 3 1895.
4. Place of Birth, (Street and Number) 2110 N. Calvert St
5. Full Name of Mother, Ida Baiter
6. Mother's Maiden Name, " Graebil
7. Mother's Birthplace, Germany
8. Full Name of Father, William J. Baiter
9. Father's Occupation Bakery
10. Father's Birthplace, Ohio.

Name of Medical Attendant, or other person who makes this Return, William A. B. Sellman, M.D.

Address, 5 East Biddle St.

Remarks, 1895000 6490

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child, or, in default thereof, the occupier of the house, tenement or lodging where such child shall be born, or any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69082

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct. 3. 95
4. *Place of Birth, (Street and Number)* 436 Gough St. East
5. *Full Name of Mother,* Lena Koczulla
6. *Mother's Maiden Name,* —
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Joseph Koczulla
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Chas O'Neill

Address, 609 S Patterson Park Ave

Remarks,

1 8 9 5 0 0 0 6 4 9 1

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance, or in the absence of the father, it shall become the duty of the mother, or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above prescribed; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

Over

RETURN OF A BIRTH. 69083

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Leonard Martin Henry Volkert.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 3rd of October 95
4. *Place of Birth, (Street and Number)* 2153 Galverton Road
5. *Full Name of Mother,* Johana Volkert
6. *Mother's Maiden Name,* Johana Leinhaas
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Ferdinand Volkert
9. *Father's Occupation* Butcher
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Friederike Kessler Midwife

Address, 2116 W Pratt St

Remarks,

8950006492

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and such person or parents shall be required to comply with the provisions of this section under the penalties subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69084

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 4th
4. *Place of Birth, (Street and Number)* 1628 Clarkson
5. *Full Name of Mother,* Lona Browning
6. *Mother's Maiden Name,* Lona Garhart
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wm J Browning
9. *Father's Occupation* Stock Fitter in Shoe factory
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks, 8 9 5 0 0 0 6 4 9 3

shall schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in the City of Baltimore, and shall deliver without fee or reward to the person or persons entitled to receive the same, a duplicate thereof; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence. He recovered in other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

CERTIFICATE CORRECTED 3-16-38

RETURN OF A BIRTH. 69085

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Ida Marie Coulsen

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 4th of October 1895
4. *Place of Birth, (Street and Number)* 1251 Columbia Ave
5. *Full Name of Mother,* Catherine Elizabeth Coulsen
6. *Mother's Maiden Name,* Catherine E. Winters
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Henry Oscar Coulsen
9. *Father's Occupation* Cooper
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, W. J. Bange

Address, 711 E. Lenox

Remarks,

8950006494

attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above prescribed; and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69086

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, October 4th 1885
4. Place of Birth, (Street and Number) No. 2023 Ramsay St.
5. Full Name of Mother, Maggie Meile
6. Mother's Maiden Name, Maggie Link
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John G. Meile
9. Father's Occupation Butcher
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8950006495

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] every month [illegible] Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or parents who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69087

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 4, 1895
4. Place of Birth, (Street and Number) 1246 Battery avenue
5. Full Name of Mother, Charlottie Shirley
6. Mother's Maiden Name, Charlottie Parks
7. Mother's Birthplace, Baltimore, Md
8. Full Name of Father, Joseph H. Shirley
9. Father's Occupation, Plumber & gas fitter
10. Father's Birthplace, Baltimore, Md

Name of Medical Attendant, or other person who makes this Return, Ellenora A. Anderson

Address, 1434 Patapsco St.

Remarks,

8 9 5 0 0 0 6 4 9 6

The Health Laws require every midwife to be a Registered Nurse, and every midwife, or other person who shall be in attendance upon the mother, shall cause the birth of any child to be reported to the Commissioner of Health, in the manner and within the period above stated, and any such person who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 9-30-49

RETURN OF A BIRTH. 69088

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Julius Francis ~~Frederick~~ Dietz

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 2d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* The 4 of Oct 1895
4. *Place of Birth, (Street and Number)* No 1305 Gillmore St
5. *Full Name of Mother,* Hattie Dietz
6. *Mother's Maiden Name.* Hattie Birkmaier
7. *Mother's Birthplace.* Baltimore
8. *Full Name of Father,* John H. Dietz
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Ch. Lund

Address, No 1057 Hanford Ave

Remarks, Bad. Md. 1895

8950006497

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the parents of such child to report the birth to the Board of Health, in the manner and within the period prescribed; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69089

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 4th 95
4. *Place of Birth, (Street and Number)* 822 S. Gilmor St
5. *Full Name of Mother,* Margaret Walter
6. *Mother's Maiden Name,* Margaret Christl
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Edward Walter
9. *Father's Occupation* Butcher
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Henry C. Ohle. Md.

Address, 1203 W. Fayette St

Remarks,

1895 0006498

Any day or other time with the assistance of a physician or midwifery, or should no other person be in attendance, then the mother, immediately after the birth, in the manner and within the period prescribed, and shall occur upon the premises, shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to cause the birth to be certified to, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69090

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether ~~1st, 2d,~~ 3d, &c.)

1. Sex, (state whether male or ~~female~~) ~~[illegible]~~
2. Race or Color, (if not of the white race)
3. Date of Birth, Oct 4
4. Place of Birth, (Street and Number) 125 W. Randell st
5. Full Name of Mother, ~~Josephine~~ Blank Josephine
6. Mother's Maiden Name, Josephine Abendschein
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frederick Blank Jr.
9. Father's Occupation, Oil Dealer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Katie Münch

Address, 800 Leadenhall Street

Remarks,

8950006499

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69091

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Oct 4th 95
4. *Place of Birth, (Street and Number)* Garrett Ave
5. *Full Name of Mother,* Ada Crispin
6. *Mother's Maiden Name,* Ada Potter
7. *Mother's Birthplace,* Balto. Md
8. *Full Name of Father,* George Crispin
9. *Father's Occupation* Coal trimmer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. L. Müller

Address, 1600 Holbrook St.

Remarks,

1 8 9 5 0 0 0 6 5 0 0

Wm. J. C. Dulany Co., City Printers and Stationers.

Sec. 10. Be it further enacted, that every midwife or other person (not a physician or a member of the family of the mother of any child) who shall occur without the attendance of a physician or a midwife, or should no other person be present, shall be required to give the same information and report, in the manner and within the period above required, and under the same penalty for neglect or refusal, as is provided in the case of a physician or midwife, and the provisions of this section shall be applicable to the attendance upon the mother, immediately hereafter, of any such person who shall hereafter fail to comply with the provisions of this section, and shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person attending or nursing such child to report the birth to the Board of Health, in the manner and within the period above recited, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69092

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The Fifth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct the 4th
4. *Place of Birth, (Street and Number)* 1512 Gay st
5. *Full Name of Mother,* Lizzie Hoffman
6. *Mother's Maiden Name,* Lizzie Hill
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Herman Hoffman
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Burns

Address, 1600 N. Chester st

Remarks,

1 8 9 5 0 0 0 6 5 0 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69093

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 4th 1895
4. *Place of Birth, (Street and Number)* 22 S. Stafford st
5. *Full Name of Mother,* Catherine Pickett
6. *Mother's Maiden Name,* Catherine Hoover
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* George Pickett
9. *Father's Occupation* Grocer
10. *Father's Birthplace,* Pa Germany

Name of Medical Attendant, or other person who makes this Return, Wm M. L. Perego

Address, 768 Frederick ave.

Remarks, 8 9 5 0 0 0 6 5 0 2 City

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a midwife or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the parents or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above stated, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69094

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 4th October 1895
4. *Place of Birth, (Street and Number)* 33 Concord St
5. *Full Name of Mother,* Mary F. Bohayer
6. *Mother's Maiden Name,* " Brasitch
7. *Mother's Birthplace,* New York
8. *Full Name of Father,* Frank R. Bohayer
9. *Father's Occupation* Junk Business
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, L. Chipman

Address, 42 Albemarle St

Remarks,

8 9 5 0 0 0 6 5 0 3

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

69 095

GIVEN NAME ADDED, 8-3-60

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Henrietta Hoffman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 1895
4. Place of Birth, (Street and Number) 4th Floor 112 Street St.
5. Full Name of Mother, Bertha Hoffman
6. Mother's Maiden Name, Bertha Hoffman
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Christopher Hoffman
9. Father's Occupation Carpenter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Barnes

Address, 714 W. Saratoga St

Remarks,

8 9 5 U 0 0 6 5 0 4

Wm. J. C. Dulany Co., City Printers and Stationers.

Every person who shall be in attendance upon the birth of a child, or who shall be required, and shall omit or neglect to make and return a report of such birth to the Commissioner of Health, in the manner and within the time prescribed by this section shall be subject to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 69696

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, Oct. 4. 1895
4. Place of Birth, (Street and Number) 794 W. Saratoga
5. Full Name of Mother, Anne D. Brantz
6. Mother's Maiden Name, " " Ryland
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Geo. G. Brantz
9. Father's Occupation, Druggist
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Louis M. Eastman

Address, 772 W. Lexington

Remarks, X

8 9 5 0 0 0 6 5 0 5

Any person who shall neglect to give notice to the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons in charge of such child to report its birth to the Commissioner of Health within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

BALLANTY & SO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 69097

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race)
3. Date of Birth, Sept 14 Colored
4. Place of Birth, (Street and Number) 1518 Register St.
5. Full Name of Mother, Clara Limmroth
6. Mother's Maiden Name, Knipp
7. Mother's Birthplace, Balt.
8. Full Name of Father, William Limmroth
9. Father's Occupation Tailor
10. Father's Birthplace, Germanie Balt.

Name of Medical Attendant, or other person who makes this Return, Anna Walker

Address, 928 N. Carl Ave.

Remarks,

8950006506

Within one month after the birth of any child, the attendant shall report the birth to the office of the Commissioner of Health. In case the birth of any child shall occur without the presence of a physician or practioner of midwifery, or should no other person be in attendance, it shall be the duty of the mother, immediately thereafter, to report the birth, or the person or parents of such child or children shall be liable to the penalties of the ordinance, in the manner and within the period above specified and the Commissioner of Health shall report the birth to the Commissioner of Police, who shall be authorized to arrest any such person or persons who shall neglect or fail to comply with the provisions of the ordinance, and forfeitures are recoverable, jectel to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69098

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 4/95
4. Place of Birth, (Street and Number) 2322 N. Monument St.
5. Full Name of Mother, Elizabeth Wagner
6. Mother's Maiden Name, " Boehlke
7. Mother's Birthplace, Balto.
8. Full Name of Father, Geo. H. Wagner
9. Father's Occupation Storkeeper
10. Father's Birthplace, Arlington. (Ohio)

Name of Medical Attendant, or other person who makes this Return, Mrs. Eisenhofer

Address, 2225 Lough St.

Remarks,

8950006507

Third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person or persons of such attendance upon the mother, immediately report the birth with the particulars above required, and child to report its birth to the Commissioner of Health, in the manner and in the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69099

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 4th of October 95
4. *Place of Birth, (Street and Number)* 2225 N. Henry St.
5. *Full Name of Mother,* Maggie Freitag
6. *Mother's Maiden Name,* Maggie Lauterbach
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Robert Freitag
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Friederike Hessler Midwife

Address, 2116 W. Pratt St.

Remarks,

8 9 5 0 0 0 6 5 0 8

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall be the duty of the person in charge of such attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69100

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 4th 1895.
4. Place of Birth, (Street and Number) #2316 Canton Ave. Balto.
5. Full Name of Mother, Hannie Hartley
6. Mother's Maiden Name, Hannie Art.
7. Mother's Birthplace, Germany
8. Full Name of Father, Herman Hartley
9. Father's Occupation, Labour
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Mary M. Taylor

Address, #611 S Patterson Pk. Ave. Balto Md.

Remarks,

8 7 5 0 0 0 6 5 0 9

shall order without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, then the mother, immediately thereafter, it shall become the duty of the parents of such child, or in case of their absence or inability, the owner or occupant of the premises, within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 3-12-56

RETURN OF A BIRTH. 69101

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

August Borkmann

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth. 4 October - 1895
4. Place of Birth. (Street and Number) 1421 Cookson st.
5. Full Name of Mother, Henriette Borkmann
6. Mother's Maiden Name, " Radtke
7. Mother's Birthplace, Germany
8. Full Name of Father, Hermann Borkmann
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Geo. J. McGann

Address, 1331 Hull st. Locust Point.

Remarks,

8 9 5 0 0 0 6 5 1 0

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate setting forth the date of birth of such child, to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons in such family where such birth shall occur, within the period above required, and any such person or persons who shall wilfully fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69102

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 4/95
4. Place of Birth, (Street and Number) 619 N. Collington Ave.
5. Full Name of Mother, Kathie Billing
6. Mother's Maiden Name, " Porter
7. Mother's Birthplace, Germany
8. Full Name of Father, Geo. Billing
9. Father's Occupation Carpenter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. L. Siesenhofer

Address. 2225 Gough St.

Remarks,

1 8 9 5 0 0 0 6 5 1 1

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or parents who shall fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69103

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 4th 95
4. *Place of Birth, (Street and Number)* 1520 N. Mount St
5. *Full Name of Mother,* Maria Adams
6. *Mother's Maiden Name,* Maria Gosling
7. *Mother's Birthplace,* London, Eng.
8. *Full Name of Father,* Thomas Adams
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* London Eng.

Name of Medical Attendant, or other person who makes this Return. Guy C. Okle M.D.

Address, 1203 W. Fayette St

Remarks,

8950006512

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69104

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 4 October
4. Place of Birth, (Street and Number) Liciana st, 1715
5. Full Name of Mother, Leona Kovalsky
6. Mother's Maiden Name, Ruzolevsky
7. Mother's Birthplace, Pole
8. Full Name of Father, Joseph Kovalsky
9. Father's Occupation Workman
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return. Mary Krell

Address, S. Bond st. 838

Remarks,

1 8 9 5 0 0 0 6 5 1 3

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69105

CERTIFICATE CORRECTED 2-9-60

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Jerry Karl ~~Cerny~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) th

1. Sex, (state whether male or female) ~~Female~~ Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 4 October 95
4. Place of Birth, (Street and Number) 2010 Ashland ave
5. Full Name of Mother, Mary ~~Cherney~~ Cerny
6. Mother's Maiden Name, Mary Pokornoy
7. Mother's Birthplace, Bohemia
8. Full Name of Father, Joseph ~~Cherney~~ Cerny
9. Father's Occupation, Cigar Maker
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, Josephian Conrad

Address, 1621 Barnes st Balto Md

Remarks,

8 7 5 0 0 0 6 5 1 4

Wm. J. C. Dulany Co., City Printers and Stationers.

Any and every person who shall be guilty of a violation of the rules of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or if neither of the parents of such child is able to report its birth to the Commissioner of Health, in the manner and within the period above prescribed, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69106

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~Harriet Hetha~~ Fifth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Oct 4 — 1895
4. *Place of Birth, (Street and Number)* 1014 Vincent St
5. *Full Name of Mother,* Harriet Williams
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Ola L. Vessels

Address, 1122 Mount St

Remarks,

8 9 5 0 0 0 6 5 1 5

Wm. J. C. Dulany Co., City Printers and Stationers

Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, the person who officiates as nurse or attendant shall forward the return to the Commissioner of Health, in the manner and within the period above required, and

RETURN OF A BIRTH. 69107

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct. 3 1895
4. *Place of Birth, (Street and Number)* 524 S. Bonds Str.
5. *Full Name of Mother,* Kathie Horst
6. *Mother's Maiden Name,* " Traube
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Geo. Horst
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Dimenhofer

Address, 2225 Gough St.

Remarks,

8 9 5 0 0 0 6 5 1 6

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance or presence of a midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person so attending such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

69108

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored race
3. Date of Birth, 1st of Feb
4. Place of Birth, (Street and Number) 1432 Cathell
5. Full Name of Mother, Martha L Cornish
6. Mother's Maiden Name, L Cornish
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James J Gough
9. Father's Occupation Truck yard
10. Father's Birthplace, Cambridge

Name of Medical Attendant, or other person who makes this Return. Isaac Harris

Address, 18 Stockton St

Remarks, 8950006517

Wm. J. C. Dulany Co., City Printers and Stationers.

Third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of medicine, midwife or nurse, it shall be the duty of the person or persons of such family immediately thereafter, in the manner and within the time above required, and upon the notice of the Commissioner of Health to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69109

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Oct 5. 1895
4. *Place of Birth, (Street and Number)* 1029 Harmony Lane
5. *Full Name of Mother,* Ella Berry
6. *Mother's Maiden Name,* Ella Dorsey
7. *Mother's Birthplace.* Md
8. *Full Name of Father,* Samuel Dorsey
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return. Louise Eaton, M.D. Res Phys.

Address, Maternite Woman's Med. College

Remarks, 410 N. Hoffman St.

8 9 5 0 0 0 6 5 1 8

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practitioner of midwifery, or should be born in any other place than the house of the mother, immediately thereafter, it shall become the duty of the person or persons in attendance upon the mother, immediately thereafter, and within the period above required, such child to report its birth to the Commissioner of Health, the penalty for neglect of the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 69110

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (State whether male or female)* Male
2. *Race or color, (if not of the white race)* colord
3. *Date of Birth,* October 5th
4. *Place of Birth, (Street and Number)* Park avenue 194
5. *Full Name of Mother,* Eliza Bonie
6. *Mother's Maiden Name,* Eliza warren
7. *Mother's Birthplace,* Mongomry county M D
8. *Full Name of Father,* Charles Bonie
9. *Father's Occupation,* waiter
10. *Father's Birthplace,* Mongomry county M D

Name of Medical Attendant, or other person who makes this Return. Dr E Bias

Address, Biddle st 2140

Remarks, 1 8 9 5 0 0 0 6 5 1 9

CITY PRINTING AND STATIONERY

RETURN OF A BIRTH 69111

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (State whether male or female) female
2. Race or color, (if not of the white race) colored
3. Date of Birth, October 5th
4. Place of Birth, (Street and Number) Biddle st & 13
5. Full Name of Mother, Annie C. Redding
6. Mother's Maiden Name, Annie Johnson
7. Mother's Birthplace, Summerset County Md
8. Full Name of Father, Arthur Redding
9. Father's Occupation, Painter
10. Father's Birthplace, West River Md

Name of Medical Attendant, or other person who makes this Return. Ann E Bias

Address, Biddle st 5th

Remarks,

8 9 5 0 0 0 6 5 2 0

G. SALADY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 69112

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* male 5
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 2d 7th 5
4. *Place of Birth, (Street and Number)* 1419 Ward St
5. *Full Name of Mother,* Mar Dusil Banks
6. *Mother's Maiden Name,* Mary Dusil Butler
7. *Mother's Birthplace,* Anne Arundel Co Md
8. *Full Name of Father,* Anthony Thornton Banks
9. *Father's Occupation* Stone Cutter D lenard
10. *Father's Birthplace.* King & Queen Co Va

Name of Medical Attendant, or other person who makes this Return Mrs grace harrice

Address, 818 Stock hallam St

Remarks,

8950006521

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the person or persons in attendance upon the mother at the time of the birth, or in default thereof, the father of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

one

RETURN OF A BIRTH. 69113

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Mary Magdalena Homfeldt

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 8th 1895
4. Place of Birth, (Street and Number) 922 Dorley Yard
5. Full Name of Mother, Regina (Humpheld) Homfeldt
6. Mother's Maiden Name, Regina Scheffermar
7. Mother's Birthplace, Baltimore County
8. Full Name of Father, Henry (Humpheld) Homfeldt
9. Father's Occupation, Carpenter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, W. L. Cone M.D.

Address,

Remarks,

1 8 9 5 0 0 0 6 5 2 2

COMPLETED THE 8th DAY OF OCTOBER 1895 CLERK

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, the duty of the person in charge of such child is to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 69114

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 5th 1895
4. Place of Birth, (Street and Number) 1724 Franklin St
5. Full Name of Mother, Nellie E McConnell
6. Mother's Maiden Name, " " Cole
7. Mother's Birthplace, Michigan
8. Full Name of Father, Charles H McConnell
9. Father's Occupation, Salesman
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, D M K Warner

Address, 901 N Shroeder St

Remarks,

8950004523

Third day of each and every month in the office of the Commissioner of Health, [illegible] the birth of any child shall occur without the attendance of a physician or practitioner of the healing art, or should no other person be in any way provided by another section of this ordinance, the duty of the person or parents of such child, such person or persons who shall have charge of such child, to make report of such birth in the manner and within the period prescribed in the section shall be subject to the Commissioner of Health, who shall report the fact to the Mayor, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 69115

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 5 Oct 1905
4. *Place of Birth, (Street and Number)* 209 H 9 Hanover St
5. *Full Name of Mother,* Carrie Bari
6. *Mother's Maiden Name,* Front
7. *Mother's Birthplace,* Ohio
8. *Full Name of Father,* Samuel B. Bari
9. *Father's Occupation* Press Feeder
10. *Father's Birthplace,* England

Name of Medical Attendant, or other person who makes this Return. Mrs E. B. Brooks

Address, 1808 Gale St

Remarks, ~~Born dead~~ Dead

8950006524

Wm. C. Dulany Co., City Printers and Stationers.

Within ten days after the birth of each and every month to be office of the Commissioner of Health, as the Board may direct, it shall be the duty of the physician or practioner of midwifery, or other person who shall have charge of any child born, or without the attendance of a physician or practioner of midwifery, or other person, to make a return of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69116

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 5 October
4. Place of Birth, (Street and Number) Shakespear st. 1103
5. Full Name of Mother, Sizzi Gronsky
6. Mother's Maiden Name, Markky
7. Mother's Birthplace, Pole
8. Full Name of Father, Anda Gronsky
9. Father's Occupation, Workman
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return, Mary Prell

Address, S. Bond st. 828

Remarks,

1895006525

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance, then it shall be the duty of the person or one of the persons of such family in which such birth shall occur, and upon the mother, immediately thereafter, it shall become the duty of the person attending such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69117

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 5 October
4. *Place of Birth, (Street and Number)* S. Bond str. 814
5. *Full Name of Mother,* Anna Gunc
6. *Mother's Maiden Name,* Gajek
7. *Mother's Birthplace,* Böhmen
8. *Full Name of Father,* Wenceslav Gunc
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Böhmen

Name of Medical Attendant, or other person who makes this Return. Mary Greth

Address, S. Bond str. 838

Remarks,

1 8 9 5 0 0 0 6 5 2 6

said school shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall become the duty of the person or parents, or any other person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69118

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 5 October
4. *Place of Birth, (Street and Number)* 1425 Cookson st.
5. *Full Name of Mother,* Sarah Sheldon
6. *Mother's Maiden Name,* " McGrath
7. *Mother's Birthplace.* Ireland
8. *Full Name of Father,* James Sheldon
9. *Father's Occupation* Laboar
10. *Father's Birthplace.* Ireland

Name of Medical Attendant, or other person who makes this Return. Geo. F. Mayhew

Address, 1321 Lyell st.

Remarks,

8 9 5 0 0 0 6 5 2 7

Wm. J. C. Dulany Co., City Printers and Stationers.

Said Return shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and fifth days, and by the midwife or other person, within the first five days after the birth of any child, and shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69119

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 5th 1895
4. Place of Birth, (Street and Number) 628 Brune st
5. Full Name of Mother, Eliza Donnelly
6. Mother's Maiden Name, " McCann
7. Mother's Birthplace, Ireland
8. Full Name of Father, Patrick Donnelly
9. Father's Occupation Clerk
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Jas. E. Gilbons M.D.

Address, 1102 W. Lafayette ave

Remarks,

1 8 7 5 0 0 0 5 2 8

said schedule shall be delivered, duly signed, by the practitioner in the form of a certificate between the first and third day of each and every month to a physician or practiconer of medicine, or to the duly of the person or parents of such child, to report to the Commissioner of Health, in the manner and within the period above specified, and shall occur without the attendance of a physician or practiconer of medicine, shall be required, and it shall be the duty of the person or parents of such child to report to the Commissioner of Health, in the manner and within the period above specified, and in the attendance upon the birth to the Commissioner of Health, in the manner and within the period above specified, and any such person or persons who shall have neglected or shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 69120

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Color
3. Date of Birth, October 5th 1875
4. Place of Birth, (Street and Number) 607 Greenwillow St.
5. Full Name of Mother, Lottie Thomas
6. Mother's Maiden Name, Lottie Burton
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frank Thomas
9. Father's Occupation Fireman
10. Father's Birthplace, Easton Md

Name of Medical Attendant, or other person who makes this Return, Charlotte Williams.

Address, 910 Leaden hall St

Remarks,

8 9 5 0 0 0 6 5 2 9

Sec. 3. Be it ordained, That it shall be the duty of the Commissioner of Health, in case he shall be informed that any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person or persons be present in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 69121

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Fifth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 5. 1895
4. *Place of Birth, (Street and Number)* 1726 Ashland Ave
5. *Full Name of Mother,* Dorothea Kreiling
6. *Mother's Maiden Name,* Stengel
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Henry Kreiling
9. *Father's Occupation,* Stevedor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other Person who makes this Return. John W. Cosgrove M.D.

Address, 2014 E. North Ave

Remarks,

8950006530

Born, He or their physical condition, was of sufficient size, and the child, and the number of the parents, and the maiden name of the mother of such child or children.

N B. PIET, PRINTER & STATIONER, BALT.

GIVEN NAME ADDED 6-18-56

RETURN OF A BIRTH.

69122

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Ethel Virginia Glover

No. of Child of Mother (state whether ~~1st, 2d~~, 3d, &c.)

1. Sex (state whether Male or Female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth Oct 5th 1895
4. Place of Birth (Street and Number) 1439 W Balto St
5. Full Name of Mother Ada Glover
6. Mother's Maiden Name Ada Dorsey
7. Mother's Birthplace Balto City
8. Full Name of Father Geo E Glover
9. Father's Occupation Barber
10. Father's Birthplace Annapolis Md

Name of Medical Attendant, or other Person who makes this Return. A. A. White M.D.

Address 1505 W Lexington St

Remarks Natural

1 8 9 5 0 0 0 6 5 3 1

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 69123

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. Sex, (state whether male or female) Males

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct. 5. 95

4. Place of Birth. (Street and Number) 77 S. Green St.

5. Full Name of Mother, Matilda Mort

6. Mother's Maiden Name, " Schweiger

7. Mother's Birthplace, Germany

8. Full Name of Father, August Mort

9. Father's Occupation Baker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. C. L. Brasenth

Address, 418 S. Paca St.

Remarks, 8950006532

Wm. J. C. Dulany Co., City Printers and Stationers.

Every birth will be delivered, duly signed by the practitioner in the form of a certificate between the first and tenth days of each and every month to the office of the Commissioner of Health. In case no other person be in attendance without the attendance of a physician or practitioner of midwifery, or the person or parents of such child to report its birth, the Commissioner of Health, in compliance with the provisions of this section shall, at any such time upon the mother, or other person in attendance upon the mother, shall hereafter fail to comply with the provisions of this section shall be subjected to the fine or ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69124

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Oct 5 95
4. *Place of Birth, (Street and Number)* 713 S. Dallas St
5. *Full Name of Mother,* Mary Sang
6. *Mother's Maiden Name,* " Mazurski
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Frederick Sang
9. *Father's Occupation* Florist
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Carolyn Miller

Address, 1605 Walker St

Remarks,

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, it shall be the duty of the person in attendance upon the mother to report such birth and within the period above required, and such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69125

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* 5th Oct. 1895

4. *Place of Birth, (Street and Number)* 152 w Cross St

5. *Full Name of Mother,* Caroline Arnold

6. *Mother's Maiden Name,* Carolina Fuchs

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* George Arnold

9. *Father's Occupation,* Grocer

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Walter Münch

Address, 800 Leadenhall Street

Remarks,

8950006534

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, it shall become the duty of the person or parents of such child to report to the Commissioner of Health, in the manner and within the period of time aforesaid, the fact of such birth, and any such person or persons who shall be after fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69126

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, October 5th 1895
4. Place of Birth, (Street and Number) No. 619 Fredrick Ave
5. Full Name of Mother, Emma Steinacker
6. Mother's Maiden Name, Emma Wade
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Thomas Steinacker
9. Father's Occupation Police Officer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, —

Address,

Remarks,

8950006535

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 10-6-60

RETURN OF A BIRTH. 69127

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: John Herman Pike

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 5th, 1895
4. *Place of Birth, (Street and Number)* 1891 E Gough St
5. *Full Name of Mother,* Sarah R Pike
6. *Mother's Maiden Name,* Gannon
7. *Mother's Birthplace,* Balt Md
8. *Full Name of Father,* James F Pike
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balt Md

Name of Medical Attendant, or other person who makes this Return, M A Dannenfor

Address, 2024 E Pratt St

Remarks, All Right

1 8 9 5 0 0 0 6 5 3 6

Wm. J. C. Dulany Co., City Printers and Stationers

Any person who shall make a false return of any such birth, or shall neglect to make such return within the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to make the return herein required, and in default thereof, such person or parents shall be liable to any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69128

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 6, 1893
4. *Place of Birth, (Street and Number)* 2014 E Stanover St
5. *Full Name of Mother,* Lula Gun ~~Lidge~~ Return
6. *Mother's Maiden Name,* Lula Boyer
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* John Gunthrum
9. *Father's Occupation* Boilermaker
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, Dr. R. Corby

Address, 2138 Heath St.

Remarks, Stong Well

1 8 9 5 0 3 0 6 5 3 7

Wm. J. C. Dulany Co., City Printers and Stationers.

...in each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above stated, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69129

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) No. 1.

1. *Sex, (state whether male or female)* Female
2. *Race or Color. (if not of the white race)* White
3. *Date of Birth,* The 5 of Oct 1895
4. *Place of Birth, (Street and Number)* No 1039 Harford Ave
5. *Full Name of Mother,* Celia Canales
6. *Mother's Maiden Name,* Celia Loritz
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Canales
9. *Father's Occupation* Butcher
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Ch Lane

Address, 1054 Harford Ave

Remarks, Balti Md

1895

B 9 5 0 0 0 6 5 3 8

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69120

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct. 5 1895
4. *Place of Birth, (Street and Number)* 235 S. Chester St.
5. *Full Name of Mother,* Pearl Perry
6. *Mother's Maiden Name,* Pearl Hicks
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Robt Perry
9. *Father's Occupation* Fireman (Balt. city Dept.)
10. *Father's Birthplace.* Balt.

Name of Medical Attendant, or other person who makes this Return. R. W. Mansfield M.D.

Address, 129 S. Broadway

Remarks,

8950006539

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] third day of each and every month to the office of the Commissioner of Health. In case the birth of a child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall be found to comply with the provisions of this section shall be and shall be adjudged to be guilty of a misdemeanor, and shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 69131

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 5th 1898
4. *Place of Birth, (Street and Number)* 1731 N. Washington
5. *Full Name of Mother,* Elizabeth Wick
6. *Mother's Maiden Name,* Abbott
7. *Mother's Birthplace,* City
8. *Full Name of Father,* John Wick
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return. J. B. Schwatka M.D.

Address, 1003 N. Bway

Remarks,

8950 06540

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the officer of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the person or parents of such child shall be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required; and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 69132

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14th

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White Race
3. *Date of Birth,* Oct. 6th 1895
4. *Place of Birth, (Street and Number)* 1714 Hanover st.
5. *Full Name of Mother,* Mary E. Stubbard
6. *Mother's Maiden Name,* Lewis
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Lewis S. Stubbard
9. *Father's Occupation* Workman
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Carolina Schwarz

Address, 434 E Fort ave

Remarks,

8950006541

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health. In case of the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69133

GIVEN NAME ADDED 8-2-60

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: John Nearitt Longley

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 5 1896
4. Place of Birth, (Street and Number) # 2860 W Lanvale St
5. Full Name of Mother, Virginia F Longley
6. Mother's Maiden Name, Virginia F Cross
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Charles E. Longley
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore Co.

Name of Medical Attendant, or other person who makes this Return, G Louis Bonnock M.D.

Address, # 2641 Raynor Ave

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

B 4 5 0 0 0 6 5 4 2

Every midwife, physician or practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. Where no other person shall occur a full or partial attendance of a physician or practioner of midwifery, or should the birth of any child attendance upon the mother, immediately preceding, the midwife shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner as within of the period above required, and any two persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 69134

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2nd
1. *Sex, (state whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Oct. 5th 1895
4. *Place of Birth, (Street and Number)*	152-3 Retreat St
5. *Full Name of Mother,*	Fanny Roehner
6. *Mother's Maiden Name,*	" Sedden
7. *Mother's Birthplace,*	Baltimore, Md.
8. *Full Name of Father,*	Charles Roehner
9. *Father's Occupation,*	Motorman
10. *Father's Birthplace,*	Baltimore, Md.
Name of Medical Attendant, or other person who makes this Return.	E. G. Schroeder, M.D.
Address,	1510 Penn. ave
Remarks,	

1 8 9 5 0 0 0 6 5 4 3

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the Commissioner of Health, in case the child shall be born in the city of Baltimore, or to a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars or each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 69135

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, &c.~~) .....

1. *Sex, (state whether ~~male or~~ female)* .....
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct. 5th 1895
4. *Place of Birth, (Street and Number)* 309 S. Pulaski St.
5. *Full Name of Mother,* Bessie C. Cadugan
6. *Mother's Maiden Name,* " " Murphy
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Walter P. Cadugan
9. *Father's Occupation* Bricklayer
10. *Father's Birthplace,* Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, Ruth S. Wunder

Address, 1095 E. Baltimore St.

Remarks, L. D. L. A.

B950206544

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall be the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered, as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69136

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth,* Oct 5 96
4. *Place of Birth, (Street and Number)* 126 W West St
5. *Full Name of Mother,* Ella Fisher
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, J. McF Lack

Address, 611 W Lombard St

Remarks,

18 Y 5 0 0 0 6 5 4 5

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to be sent to the Commissioner of Health. In case the birth of any child shall not be reported within the time specified, a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69137

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct. 5
4. *Place of Birth, (Street and Number)* 622 W. Lombard St
5. *Full Name of Mother,* Lizzie Kent
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, J. McG. Dick

Address, 622 W. Lombard St

Remarks,

8950006546

Wm. J. C. Dulany Co., City Printers and Stationers.

Third day of each and every month to be office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69128

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Co-Colored
3. *Date of Birth,* Oct. 5
4. *Place of Birth, (Street and Number)* 672 W. Lombard
5. *Full Name of Mother,* Maria Baden
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Fult Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, M. R. Bruin

Address, 672 W. Lombard St

Remarks,

8950006547

Third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, the parent or parents of such child shall become the duty of the person or parents of such child to report such birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69139

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 6. October
4. *Place of Birth, (Street and Number)* 1012 E Baltimore St
5. *Full Name of Mother,* Fanny Kuemmer
6. *Mother's Maiden Name,* " Knoch
7. *Mother's Birthplace,* Baltimore
8. *Fult Name of Father,* Herman Kuemmer
9. *Father's Occupation* Saloon
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Bauge

Address, 714 N. Caroline

Remarks,

8950006548

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in manner and with the particulars required of such any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 69140

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* April 6 1895
4. *Place of Birth, (Street and Number)* 1633 N Calvert
5. *Full Name of Mother,* Burgess
6. *Mother's Maiden Name,* Miss Bartlett
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Burgess
9. *Father's Occupation,* Lawyer
10. *Father's Birthplace,* Va

Name of Medical Attendant, or other person who makes this Return. C B Gamble M D

Address, 925 Cathedral

Remarks,

8950006549

been considered in sex, color, the date and place of birth; and the date and place of death, and the name, occupation of the parents, the date and place of birth; and the said schedule shall be delivered by the practitioner to the form of a certificate between the first and third days of each month to the office of the Commissioner of Health. To cause the birth of any child to be reported to the Commissioner of Health, in the manner and within the period above required, and shall deliver without the attendance of a physician or practitioner of midwifery, or other person, shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately after such birth, shall be the duty of such physician or practitioner, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. BALDWIN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 69141

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 3

1. *Sex,* (~~*state whether*~~ *male or female*) female
2. *Race or Color,* (~~*if not of*~~ *the white race*) Colored
3. *Date of Birth,* Oct-6-1885 Born 20 minutes past 3-o Clk
4. *Place of Birth,* (*Street and Number*) 1707 orleans street
5. *Full Name of Mother,* Emma, J. Holmes
6. *Mother's Maiden Name,* " " J - Askins
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* William H Holmes
9. *Father's Occupation,* Labor and odd Jobs
10. *Father's Birthplace,* Haperdy Grass M.d

Name of Medical Attendant, or other person who makes this Return. Josephine Cooper

Address, 521 Shute street

Remarks, Mother and child is needy

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED - 3/5/68

RETURN OF A BIRTH. 69142

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: JANE ~~JACKSON~~ SOMERS

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct. 6. 1895
4. *Place of Birth, (Street and Number)* 114 Carroll St.
5. *Full Name of Mother,* Mary H. Somers
6. *Mother's Maiden Name,* " " Dickens
7. *Mother's Birthplace,* N.Y. State
8. *Full Name of Father,* Samuel M. Somers
9. *Father's Occupation* Woodworker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, H. E. Knipp M.D.

Address, 523 Scott St.

Remarks,

1895006551

Third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of medicine, it shall become the duty of the parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 1-21-57 69143

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Helen Irene ~~Simms~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d Child

1. Sex, (state whether male or female) — Female
2. Race or Color, (if not of the white race) — White
3. Date of Birth, — — Oct. 6th 1895
4. Place of Birth, (Street and Number) 13 N Pappleton St Balto Md
5. Full Name of Mother, Lurett Simms
6. Mother's Maiden Name, Lurett Lawton
7. Mother's Birthplace, Fredericksburg Va
8. Full Name of Father, John Thomas Simms
9. Father's Occupation Plumber
10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, Lorson Hunter

Address, 23d Pappleton St

Remarks,

1895 0006552

said schedule shall be delivered daily, signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Board of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person or persons in attendance upon the mother, immediately thereafter, to make the return of such birth, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 69144

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (State whether male or female)* Female
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* Oct. 6" 95
4. *Place of Birth, (Street and Number)* 1932 White St.
5. *Full Name of Mother,* Edith Edna Leutbecher.
6. *Mother's Maiden Name.* Edith Edna Laughlin.
7. *Mother's Birthplace,* Balto. Co Md
8. *Full Name of Father,* Clarence Norwood Leutbecher.
9. *Father's Occupation,* Railway Conductor.
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Thomas J. Talbott M.D.

Address, 1506 Retreat St Balto Md

Remarks, Premature Birth 6½ months induced by Placenta Previa, Breathed only few moments.

8950 6583

shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, the mother, or, in her absence, the person who has taken the place of the mother, or the father, or the parents or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 69145

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (state whether male or female), Male
2. Race or Color (if not of the white race), White
3. Date of Birth, 6th inst
4. Place of Birth (Street and Number), 1628 Ashland Ave
5. Full Name of Mother, Annie B. Blessing
6. Mother's Maiden Name, Annie B. Brashears
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frank J. Blessing
9. Father's Occupation, Blacksmith
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary E. Price

Address, 1630 Ashland Ave

Remarks, Twin Child

1 8 7 5 0 0 0 5 5 4

...ore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH. 68146

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 6th 1895
4. *Place of Birth, (Street and Number)* 1706 Orleans street
5. *Full Name of Mother,* Emma Shuer
6. *Mother's Maiden Name,* Emma Bittett
7. *Mother's Birthplace,* Baltimore Maryland
8. *Full Name of Father,* Oscar C. Shuer
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return James O. Whitford M.D.

Address, 819 Aisquith street

Remarks,

1 8 9 5 0 0 0 6 5 5 5

said scheduled shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, the same must be reported within twenty-four hours. Any such person or persons who shall be found guilty of not complying with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69147

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White Race
3. *Date of Birth,* Oct 6. 1895
4. *Place of Birth, (Street and Number)* 134 E Randall st.
5. *Full Name of Mother,* Ellen Gilbert
6. *Mother's Maiden Name,* Rodgers.
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Peter Gilbert
9. *Father's Occupation* Workman
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. Carolina Schwartz

Address, 434 E Fort ave.

Remarks,

1 8 9 5 0 0 0 6 5 5 6

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child attended or prescribed for by a physician or practitioner of midwifery, or should no other person be in attendance upon the mother at the time of the birth, the duty of the person or persons required to report such child to report its birth to the Commissioner of Health, in the manner and within the period above recited, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69148

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 6/95
4. Place of Birth, (Street and Number) 1533 S Stricker
5. Full Name of Mother, Mary Stansbury
6. Mother's Maiden Name, Mary Raider
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Stansbury
9. Father's Occupation, Car Conductor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Geo W Norris M.D

Address, 1801 Presstman

Remarks,

6 9 5 0 0 0 6 5 5 7

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69149

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male - Andrew Isensee
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Oct 6 '95
4. *Place of Birth, (Street and Number)* 1623 McElderry St
5. *Full Name of Mother,* Mary Isensee
6. *Mother's Maiden Name,* Kentz
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Chas Isensee
9. *Father's Occupation* Letter Carrier
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, Caroline Miller

Address, 1625 Walker St

Remarks, Full given name added by brother upon applying for a transcript. J. J. Isensee Brother

S. E. Wilby Asst. Index Clerk

1895 827-1928

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69150

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Mal
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 6th Oct
4. *Place of Birth, (Street and Number)* 1715 Carlile Place
5. *Full Name of Mother,* Annie Smith
6. *Mother's Maiden Name,* " Forrester
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Louis Smith
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Julia Grove

Address, 944 N. Gay st

Remarks,

1 8 9 5 0 0 0 6 5 5 9

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in the manner and within the period above required, and shall occur without the attendance of a physician or other person authorized or should no other person be in attendance upon the birth, to the Commissioner of Health, in the manner and within the period above required, and certify or report such birth, and hereafter it shall become the duty of the person or parents of such child to report such birth, and shall be the duty of any such person or persons who shall hereafter fail to comply with the provisions of this section shall be and shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69157

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 6, 1895
4. *Place of Birth, (Street and Number)* Manley St.
5. *Full Name of Mother,* Laura V. Christy.
6. *Mother's Maiden Name,* Laura V. Bollet.
7. *Mother's Birthplace,* Baltimore Maryland
8. *Full Name of Father,* James A. Christy.
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore Maryland

Name of Medical Attendant, or other person who makes this Return. B. Madden M.D.

Address, Medfield & Augusta Ave

Remarks,

8 9 5 0 0 0 6 5 6 0

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Coroner of Baltimore City. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, the mother and nurse, if any, shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above prescribed; any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69152

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October the 6 - 1895
4. *Place of Birth, (Street and Number)* Brunswick st No 6
5. *Full Name of Mother,* Elenora meyers
6. *Mother's Maiden Name,* Elenora Steffe
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Albert Steffe
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs S Keller

Address, No 1922 Wilkins Ave

Remarks,

8 9 5 0 0 0 6 5 6 1

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and tenth day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the person or persons being in attendance upon the mother, immediately thereafter, to comply with the provisions of this section; or, if there be no such person, then the duty of the person or persons in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 7-3-58

RETURN OF A BIRTH. 69153

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Esther Swartz

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 6th October, 1895
4. *Place of Birth, (Street and Number)* 8 Albemarle St.
5. *Full Name of Mother,* Rosie Swartz
6. *Mother's Maiden Name,* Goldstein
7. *Mother's Birthplace,* Russia
8. *Full Name of Father* Morris Swartz
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, E. Sherman

Address, 41 Albemarle St

Remarks, Date Filed - Oct. 1895

1895000656 2

been conferred) by sex, color, the full name and occupation of its parents, the date and place of birth, and the name of the attendant who delivered such child, in the form of a certificate which shall be filed and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69154

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 4 October 1895
4. Place of Birth, (Street and Number) 288 N. Exeter St
5. Full Name of Mother, Sofia Goodnedsky
6. Mother's Maiden Name, Libeman
7. Mother's Birthplace, Russia
8. Full Name of Father, Louis Goodnedsky
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. Ehrenman

Address, 711 Aisquith St.

Remarks,

8 9 5 0 0 0 6 5 6 3

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said attendant shall keep a record of the same, and report by the practitioner in the form of a certificate between the first and tenth days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69155

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 6/95
4. Place of Birth, (Street and Number) 2504 Eglinton St.
5. Full Name of Mother, Mrs Joseph Black
6. Mother's Maiden Name, Ida Coleman
7. Mother's Birthplace, Pennsylvania
8. Full Name of Father, Joseph Black
9. Father's Occupation Gripman
10. Father's Birthplace, Pennsylvania

Name of Medical Attendant, or other person who makes this Return, E. A. Reid M.D.

Address, 2505 Penna. Ave.

Remarks,

8950006564

Wm. J. C. Dulany Co., City Printers and Stationers.

...been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth and the ...said schedule shall be delivered, duly signed by the person or persons in charge of the place, to the Commissioner of Health. In case the birth of any child ...third day of each and every month, a certificate of the birth of such child, signed by the person or persons in charge of such ...physician or practitioner of midwifery, or should no other person be in ...and every month, immediately thereafter, it shall become the duty of the person in charge of such ...attendance upon the mother, immediately thereafter, in the manner and with the particulars specified, and ...child to report its birth to the Commissioner of Health, and to comply with the provisions of this section shall be sub- ...any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be sub- ...jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69156

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White race
3. Date of Birth, October 6th 1895
4. Place of Birth, (Street and Number) 217 E. Randall St. Balto Md
5. Full Name of Mother, Matilda M. Kirschmann
6. Mother's Maiden Name, Matilda M. Bromm
7. Mother's Birthplace, Richmond, Va
8. Full Name of Father, William H. Kirschmann
9. Father's Occupation Minister
10. Father's Birthplace, Beach City, Stark Co. Ohio.

Name of Medical Attendant, or other person who makes this Return, Carolina Schwartz.

Address, 434 E. Fort ave.

Remarks,

1 8 9 5 0 0 0 6 5 6 5

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69157

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 7th of October 95
4. *Place of Birth, (Street and Number)* 2. Calvertson Road
5. *Full Name of Mother,* Marie Uhl
6. *Mother's Maiden Name,* Marie Oefner
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* August Uhl
9. *Father's Occupation* Laber.
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Friederike Keuler midwife

Address, 2116 W. Pratt Ste

Remarks,

0950006566

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or parents who shall be either fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69158

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 7th. 1895
4. Place of Birth, (Street and Number) No. 12 Belair Ave.
5. Full Name of Mother, Emma Staewen
6. Mother's Maiden Name, " " Güthler
7. Mother's Birthplace, Germany
8. Full Name of Father, Hugo Staewen
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Wilhelmine Schmidt

Address, No. 7 Mine Bank Lane City

Remarks, none

8 9 5 0 0 0 6 5 6 7

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or regular practitioner of midwifery, or should no other person be in attendance upon the mother, the person who shall hereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above specified; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 09159

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct. 1195
4. *Place of Birth, (Street and Number)* 2413 E. Monument Str.
5. *Fult Name of Mother,* Gretchen Bastigkeit
6. *Mother's Maiden Name,* Papst
7. *Mother's Birthplace,* Germany
8. *Fult Name of Father,* Charles Bastigkeit
9. *Father's Occupation* Butcher
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Diesenhofer

Address, 2225 Gough St

Remarks,

8950006568

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69160

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 5th

1. *Sex*, (*state whether male or female*) male
2. *Race or Color*, (*if not of the white race*)
3. *Date of Birth*, 9th October 1895
4. *Place of Birth*, (*Street and Number*) Hare street 1211
5. *Full Name of Mother*, Josefa Sawoski
6. *Mother's Maiden Name*, — Lubeck
7. *Mother's Birthplace*, Germany
8. *Full Name of Father*, Ignatz Sawoski
9. *Father's Occupation* Laborer
10. *Father's Birthplace*, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs J. P. Liessmann.

Address, 1225 Hare street

Remarks,

8 9 5 0 0 0 6 5 6 9

Wm. J. C. Dulany Co., City Printers and Stationers.

Each schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In cases where the birth of a child shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report the birth, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 09161

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female
2. Race or Color. (if not of the white race) White
3. Date of Birth, Oct 7/95
4. Place of Birth, (Street and Number) 1706 Friendsbury st
5. Full Name of Mother, Emily E Shipley
6. Mother's Maiden Name, Emily E Warfield
7. Mother's Birthplace, Howard County
8. Full Name of Father, Joshua A. Shipley
9. Father's Occupation Carpenter
10. Father's Birthplace, Howard County

Name of Medical Attendant, or other person who makes this Return. Sarah Rollins

Address, 1618 Vincent st

Remarks. Baltimore City

8950306570

Wm. J. C. Dulany Co., City Printers and Stationers.

Sec. 6. Be it further enacted, that the name and occupation of the parents, the date and place of birth, and the sex, color, and number of each child born in the city of Baltimore, shall be reported by the attending physician or practitioner in the form of a certificate between the first and third days of each month, to the office of the Commissioner of Health. In case the birth of any child shall occur without such attendance, the mother, or other person or persons in charge of such child, or the attendance of a physician or practioner of midwifery, or the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69161½

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 7/95
4. Place of Birth, (Street and Number) 1706 Friendship st
5. Full Name of Mother, Emily L. Shipley
6. Mother's Maiden Name. Emily L Warfield
7. Mother's Birthplace, Howard County
8. Full Name of Father, Joshua A. Shipley
9. Father's Occupation Carpenter
10. Father's Birthplace, Howard County

Name of Medical Attendant, or other person who makes this Return. Sarah Rollins

Address, 1610 Vincent st

Remarks. Baltimore Md

8950006571

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] occupation of its parents, the date and place of birth, and the [illegible] to make an occupation in the form of a certificate, between the first and [illegible] Commissioner in the form of a certificate, in case the birth of any child said child shall be delivered, duly signed by such person, or in case of twins, or should no other person be [illegible] of each and every month to the office of the Commissioner of Health, or should no other person be [illegible] shall occur without the attendance of a physician or practitioner of the duty of the person or persons required, and [illegible] immediately thereafter, in the manner and within the time specified, and [illegible] attendance upon the birth to the Commissioner of Health, in the manner and within the time specified, and [illegible] child to report, or persons who shall be in default in the premises, shall be subject to the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 12-12-56

RETURN OF A BIRTH. 69162

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Ernest Franklin ~~Fagan~~ 1st

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) "

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 7th 1895
4. *Place of Birth, (Street and Number)* 326 S Gilmore St
5. *Full Name of Mother,* Ella Owens Fagan
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Geo Fagan
9. *Father's Occupation* Carr Maker
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, J. E. Ullrich

Address, Union Cy

Remarks,

8-500006572

Wm. J. C. Dulany Co., City Printers and Stationers.

Each concerning its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the attendant, to the person, if any, who shall be the bearer of the said schedule or certificate to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the parents of such child to report its birth to the Commissioner of Health, in the form and within the period above specified, and any person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69163

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth. Oct 6 8 85
4. Place of Birth, (Street and Number) 211 Friendship Ave
5. Full Name of Mother, Mary Barker
6. Mother's Maiden Name. Hench
7. Mother's Birthplace, Md
8. Full Name of Father, Josiah Barker
9. Father's Occupation Tin Smith
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, R H Young Northwest Sta

Address, 237 Gorsuch Avenue

Remarks,

8950006573

Wm. J. C. Dulany Co., City Printers and Stationers.

Sale, active site shall be delivered, duly signed by the practitioner in charge, or other person in attendance, a certificate in the form of a certificate between the first and day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person or persons be in attendance upon the mother, Commissioner of Health, in the manner and within the period above required, and child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69164

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th Child

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Oct 7th 1895
4. *Place of Birth, (Street and Number)* 1315 Monroe St
5. *Full Name of Mother,* Mary Johnson
6. *Mother's Maiden Name,* Mary Nolan
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Andrew Johnson
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Catonsville

Name of Medical Attendant, or other person who makes this Return, Mary Hosey

Address, 1809 Lorman St

Remarks,

8 9 5 0 0 0 6 5 7 4

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69165

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* October 7 1895
4. *Place of Birth, (Street and Number)* 1117 Kirk street
5. *Full Name of Mother,* Henrietta Foot
6. *Mother's Maiden Name,* Henretta Young
7. *Mother's Birthplace,* Corbham Virginia
8. *Full Name of Father,* William Foot
9. *Father's Occupation* Water
10. *Father's Birthplace,* Cockensvill Balto Country

Name of Medical Attendant, or other person who makes this Return. Sarah Rollins

Address, 1610 Vincent st

Remarks,

8950006575

shall whether shall be delivered, duly signed by the practitioner in the form of a certificate between the first day of each month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above prescribed, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69166

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 7 1895
4. Place of Birth, (Street and Number) 1924 Charles St
5. Full Name of Mother, Laura G. Bloss
6. Mother's Maiden Name, " " Dixon
7. Mother's Birthplace, Pennsylvania
8. Full Name of Father, John Bloss
9. Father's Occupation Bar Keeper
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Mrs A A Brocket

Address, 1928 Eight St

Remarks, Doing Well

1 8 9 5 0 0 0 6 5 7 6

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the attendant, in the form of a certificate between the first and third day of each and every month, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person of such attendance upon the mother, immediately thereafter, it shall become the duty of the parent or other person in charge of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

month, as aforesaid set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) his sex, color, the full name and occupation of his parents, the date and place of birth, and the name of the attending physician or midwife, or other person who shall make the return, and the time of birth of each child shall be delivered, duly signed by the practitioner in the form of a certificate, before the first and shall occur within the following month, and every month to the office of the Commissioner of Health. Every physician, midwife or other person who shall make a return of a birth, in the manner aforesaid, or who shall be in attendance upon the mother immediately preceding or subsequent to the birth of any child, and who shall fail to report the birth to the Commissioner of Health, in the manner and within the period above required, and upon the form of persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69167

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 7 October 1895
4. *Place of Birth, (Street and Number)* 445 E. Pratt St.
5. *Full Name of Mother,* Josephine Baskin
6. *Mother's Maiden Name,* Schalet
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Isaac Baskin
9. *Father's Occupation* Pots Lifter
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, E. Fleisman

Address, 711 Allendale St.

Remarks,

8950006577

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69188

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female).* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct. 7th.
4. *Place of Birth, (Street and Number)* 2 C. High St.
5. *Full Name of Mother,* Bake Klein
6. *Mother's Maiden Name,* Bake Stein
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Frank Klein
9. *Father's Occupation* Taylor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Clara Kasan

Address, 1004. E. Lombard St.

Remarks,

8950006578

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of certificate between the first and the third day of each and every month to the office of the Commissioner of Health, in the city of Baltimore, or attendance upon the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon such mother, then the person who shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69169

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Oct 7 1915
4. *Place of Birth, (Street and Number)* 1235 Arlington ave
5. *Full Name of Mother,* Mary Hardy
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Fult Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, M R Grim

Address, 622 N. Lombard St

Remarks,

8 9 5 0 0 0 6 5 7 9

been conferred) the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health. In case there be no practitioner in attendance upon the mother, immediately thereafter, it shall be the duty of the person or persons in charge of such child or upon the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69170

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Oct 7-95
4. *Place of Birth, (Street and Number)* 1340 Hughes st
5. *Full Name of Mother,* Stella Bolden
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, J. M. G. Dick

Address, 63 N W Lanman st

Remarks,

8 9 5 0 0 0 6 5 8 0

been conferred) the sex, color, the full name and occupation of its parents, the date and place of birth and the said schedule shall be signed daily affixed by the practitioner in the form of a certificate between the first and third day of each and every month after the same shall be issued by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or if there be no other person to be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child or children to report the same to the Commissioner of Health, in the manner and within the period above recited, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69171

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 1

1. *Sex*, (*state whether male or female*) Male
2. *Race or Color*, (*if not of the white race*) Colored
3. *Date of Birth*, Oct. 7 95
4. *Place of Birth*, (*Street and Number*) 672 N. Lombard St
5. *Full Name of Mother*, Maria Butler
6. *Mother's Maiden Name*,
7. *Mother's Birthplace*,
8. *Full Name of Father*,
9. *Father's Occupation*
10. *Father's Birthplace*,

Name of Medical Attendant, or other person who makes this Return, M. R. Brown

Address, 672 N. Lombard St.

Remarks,

8950005581

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the attendant or person who shall have charge of the mother at the birth of any child shall within twenty-four hours after the birth, deliver to the said Commissioner of Health, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case no other person be in said schedule shall and every month or practioner of midwifery, or the person (or parents of such child) or other person who shall have charge of the mother at the birth of any child, shall within the period above mentioned, deliver to the said Commissioner of Health, in the manner and within the period above mentioned, a duly signed, duly sworn, or affirmed, certificate of the birth of such child, and without the attendance of a physician or practioner of midwifery, or the person (or parents of such child) to report its birth, in the manner and within the period above mentioned, and shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. attendance upon the mother, the Commissioner of Health, in the manner and within the period above mentioned, a duly signed, duly sworn, or affirmed, certificate of the birth of such child, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69172

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 7 1895
4. Place of Birth, (Street and Number) 1636 S Charles
5. Full Name of Mother, Mary A. Grush
6. Mother's Maiden Name, Woodside
7. Mother's Birthplace, Balto
8. Full Name of Father, Charlie Carman Grush
9. Father's Occupation Engineer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Wm E. Balto

Address, 1898 Light St

Remarks, Doing Well

1895006582

Wm. J. C. Dulany Co., City Printers and Stationers.

No person shall be buried in the same until the name and occupation of its parents, the date and place of birth, and the name of the child shall have been ascertained, the full name of the child shall be ascertained, the full name of each child, if any shall have been ascertained, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, the duty of the person or parents of such child or person in charge of such child, or the person in whose house such birth shall occur, shall become the duty of the person or parents of such attendance upon the mother, to report the birth to the Commissioner of Health, in the manner and within the period above required, and shall report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69173

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 7. 1895
4. *Place of Birth, (Street and Number)* 1235 Battery ave
5. *Full Name of Mother,* Nora Mae Neal
6. *Mother's Maiden Name,* Kane
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Edward McNeal
9. *Father's Occupation* Letter Carrier
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Mrs A M Banks

Address, 1808 Aisquith St

Remarks, Mama Mae Neal

1 8 9 5 0 0 0 6 5 8 3

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the child's given name, if any, shall be added by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69174

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 9th 1895
4. Place of Birth, (Street and Number) 713 So Bond St
5. Full Name of Mother, Rebecca Pritchett Robert
6. Mother's Maiden Name, Rebecca Pritchett
7. Mother's Birthplace, Balto
8. Full Name of Father, Jno Robert
9. Father's Occupation, Pilot
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Thos Cooke Jr M.D. Dairy.

Address, 914 N. Charles St

Remarks,

8 9 5 0 0 0 6 5 8 4

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

[illegible] as are set forth as far as the same can be ascertained the full name of each child (if any shall have been born) and the sex, color, the full name and occupation of its parents, the date and place of birth, and the number of the child, in the order of birth, of each woman who shall be delivered, duly signed by the practitioner or other person who shall have been in attendance at the confinement, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons so attending, or the mother, if able, to report the birth to the Commissioner of Health, in the manner and within the period above required, and such person or persons who shall have charge of the child or children shall be subject to the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69175

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether~~ 1st, ~~2d, 3d, &c.~~) Premature 7th Mo.

1. *Sex,* (~~state whether~~ male ~~or female~~)
2. *Race or Color,* (~~if not of the white race~~)
3. *Date of Birth,* Oct. 7
4. *Place of Birth,* (Street and Number) 1807 Eastern ave
5. *Full Name of Mother,* Kate Hizels
6. *Mother's Maiden Name,* " Jacobs
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* John Hizels
9. *Father's Occupation* Truckeler
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Alexander Thorpe M.D.

Address, Corner 4th & Lemmon 195 Mulberry

Remarks, Premature Birth Was caused,

Infant - 1 8 9,5 10 0 0 0 5 8 5

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69176

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 7th Oct 1895
4. *Place of Birth, (Street and Number)* Baltimore and 434 S Gilmor St
5. *Full Name of Mother,* Mary Agnes McCaulle
6. *Mother's Maiden Name,* " " Lemon
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* William F McCaulle
9. *Father's Occupation* Conductor
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs Mary Ferris

Address, 444 S Stricker St Baltimore Md

Remarks, Mother and Child are doing well

8 7 5 0 0 0 6 5 8 6

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth such as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed, by the Practitioner in lieu of a certificate between the first and third days of each calendar month, to the Commissioner of Health, under the penalty of Ten Dollars for each child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, by such means as may be required, and any person or persons who shall fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69177

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 7 Oct 1895
4. *Place of Birth, (Street and Number)* 10 W. Hatt St
5. *Full Name of Mother,* Matilda E Johnson
6. *Mother's Maiden Name,* Johnson
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Adam L Johnson
9. *Father's Occupation* Boiler Maker
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Wm E A Brooks

Address, 1895 Lap 2

Remarks, Living Well

8 9 5 0 0 0 6 5 8 7

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the name of the attendant, if any, shall be delivered, duly signed by the practitioner, or other person who shall have charge of the said schedule shall be delivered, duly signed by the practitioner, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, who will forward blank schedules and will be required to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69178

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st 2 Boy

1. *Sex, (state whether male or female).* —
2. *Race or Color, (if not of the white race)* with
3. *Date of Birth,* 8 Oktober 1895
4. *Place of Birth, (Street and Number)* 127 Nord Wolf Str
5. *Full Name of Mother,* Mary A Kassner
6. *Mother's Maiden Name,* — Meiskimen
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Kassner
9. *Father's Occupation* Occupation Driver
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs H Kron Mitwife

Address. 1922 E Fayette Str

Remarks.

8 9 5 0 0 0 6 5 8 8

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full names and occupation of its parents, the date and place of birth, and the said schedule shall be delivered during the month to the office of the Commissioner of Health; and the third day of each month shall be the last day for the receipt of such schedules for the preceding month; and shall also contain without the attendance of a physician or nurse, shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period set forth, and the attendance upon the mother, immediately after the birth of such child, shall be the duty of the person in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period set forth; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69179

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 8th Oct 1915

4. Place of Birth, (Street and Number) Baltimore City Hospital

5. Full Name of Mother, Gorman Sherwood

6. Mother's Maiden Name, Elizabeth Sherwood

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Oscar Sherwood

9. Father's Occupation Laborer Master

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Stanley Kopp Jr. Md.

Address, 4 W. Mt. Royal Ave

Remarks, Mother and child doing well

8950006589

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall act forth as far as the same can be ascertained the full name of each child of any shall have been confirmed; the sex, date of birth, full name and occupation of its parents, the date and place of birth, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, the parent, or other person with whom the mother may be, shall be required, and said above shall be required to report the first and last days of each month to the office of the Commissioner of Health, in the manner and within the period above required, and child to report, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69180

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 8th 1895
4. *Place of Birth, (Street and Number)* 737 W. Franklin St
5. *Full Name of Mother,* Catherine Carter
6. *Mother's Maiden Name,* " Lide
7. *Mother's Birthplace,* Baltimore City Md
8. *Full Name of Father,* Jerome Carter
9. *Father's Occupation* Painter
10. *Father's Birthplace,* Baltimore City Md

Name of Medical Attendant, or other person who makes this Return, Frank W. Gaumont M.D.

Address, 322 N Gaum St

Remarks,

8950006590

Wm. J. C. Dulany Co. City Printers and Stationers.

RETURN OF A BIRTH. 69181

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 8/98
4. Place of Birth, (Street and Number) 1829 N Fulton av
5. Full Name of Mother, Mary Heinlein
6. Mother's Maiden Name, Mary Blake
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Heinlein
9. Father's Occupation, Plumber
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Geo W Storrs M.D

Address, 1601 Presstman

Remarks,

8 9 5 0 0 0 6 5 9 1

Such conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the [illegible] shall be delivered, duly signed by the practitioner in the form of a certificate, be sent to the Board of Health, Baltimore City, within twenty-four hours after the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance, then the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period herein specified; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69182

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Oct 8th 1895
4. Place of Birth, (Street and Number) 613 Register Street.
5. Full Name of Mother, Lena Whitner.
6. Mother's Maiden Name, Lena Sellers
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Chas Whitner
9. Father's Occupation, Musician
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return. Mrs Anna Lenz. Midwife

Address, 1539 Alice Anna Street

Remarks,

8950006592

It shall be the duty of every person who shall have been concerned in the birth of any child, to report the same to the Commissioner of Health, in the manner and within the time prescribed in this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Note.—It shall be the duty of every person, or other person who shall have charge of any such child, within twenty-four hours after the birth of any such child, to make a return of the births which have occurred under his or her care during the month, and shall set forth such facts as the same can be ascertained, the full name of the child, if any, the date and place of birth; and the sex, color, the full name and occupation of its parents, the maiden name of its mother, and the place of birth of its parents, if known, and such other information as may be required by the form of a certificate between the first and last schedule shall be delivered, duly signed by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or other person, the person or parents of such third day of each and every month, or a physician or practioner of midwifery, or other person, shall be required, and shall occur without the attendance of a physician or practioner of midwifery, or other person, the person or parents of such attendance, shall make such return, immediately thereafter, it shall become and within the period above required, and to report such birth to the Commissioner of Health, and any such person or persons who shall neglect or refuse to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69183

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 8th Sat 1895
4. *Place of Birth, (Street and Number)* Baltimore Md 405 S Paca St
5. *Full Name of Mother,* Emma Banahan
6. *Mother's Maiden Name,* Pilgrim
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Frank Banahan
9. *Father's Occupation* Stone cutter
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs Mary Kearney

Address, 414 S Strycker St Baltimore Md

Remarks, Mother and Child are doing well

1 8 9 5 0 0 0 6 5 9 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69184

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 8th, 95
4. Place of Birth, (Street and Number) 810 Columbia Ave.
5. Full Name of Mother, Nellie Lindenberg
6. Mother's Maiden Name, " Schickmann
7. Mother's Birthplace, Balto.
8. Full Name of Father, Wm. D. Lindenberg
9. Father's Occupation, Clerk
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, C. L. Boddenhorn

Address, 418 S. Paca St.

Remarks,

8950006594

month, and shall set forth, as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) the sex, color, the date and place of birth, and the full name and occupation of its parents, the date and place of birth, and the place of residence of each, duly signed by the practitioner in the form of a certificate herein, or if no such child shall be born, or shall die before the birth of such child, or should no other person be in attendance upon the mother, then the person who shall first receive such child to report to the Commissioner of Health. In the manner and within the period above stated, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69185

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) — 11th child

1. Sex, (state whether male or female) — Female
2. Race or Color, (if not of the white race) — White
3. Date of Birth, — October 8th. 1895
4. Place of Birth, (Street and Number) — 1318 Wally St
5. Full Name of Mother, — Virginia le. Bamberger.
6. Mother's Maiden Name, — Virginia le. Poole.
7. Mother's Birthplace, — Baltimore Md.
8. Full Name of Father, — Jos. W. Bamberger.
9. Father's Occupation — Printer.
10. Father's Birthplace, — Balt. Md.

Name of Medical Attendant, or other person who makes this Return. — Wilmer Benitez, M.D.

Address, — S.W. Cor. Calvert & Preston Sts

Remarks, — 8950006595

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69186

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VIII

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 8/95
4. Place of Birth, (Street and Number) 939 N. Dallas Str.
5. Full Name of Mother, Annie M. Wittler
6. Mother's Maiden Name, " " Weller
7. Mother's Birthplace, Balto.
8. Full Name of Father, Geo. Wittler
9. Father's Occupation Laberer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough St.

Remarks,

8950006596

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been born,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the number (if any) of such child of the mother; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In all cases where a birth of a child shall occur without the attendance of a physician or midwife, it shall be the duty of the person or parents of such children, or the nurse, or other person in attendance, to report the birth to the Commissioner of Health, in the manner and within the period above required, and shall be subject to the penalties provided in Section 2 of Ordinance No. 1, approved April 1, 1880, and in Section 3 of said Ordinance, for the neglect of any such person or persons who shall hereafter fail to comply with the provisions of said Ordinance, and shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69909

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) V

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 8/95
4. Place of Birth, (Street and Number) 416 S. Chapelle Ste.
5. Full Name of Mother, Clara Schaefer
6. Mother's Maiden Name, " Pierzer
7. Mother's Birthplace, Balto.
8. Full Name of Father, Michael Schaefer
9. Father's Occupation Steamdoc
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. Mrs. Diisenhofer

Address, 2225 Gough Ste.

Remarks,

8950006597

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69185

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 8th 95.
4. *Place of Birth, (Street and Number)* 499 Madeira St
5. *Full Name of Mother,* Peter Bidenbach
6. *Mother's Maiden Name,* Schramm.
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Bidenbach
9. *Father's Occupation* Butter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Louise Gross

Address, 1907 E. Monument St

Remarks,

B95000659 8

Wm. J. C. Dulany Co., City Printers and Stationers.

most, so far as may be set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the same shall be delivered by the attendant or other person who shall make the return, to the Commissioner of Health, at the office of the Commissioner of Health, within the first and third day of each and every month, to be by the said Commissioner of Health, or his agent, duly registered; and if shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons neglecting or refusing to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69189

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 8th 1895
4. *Place of Birth, (Street and Number)* 127 N. Central Ave
5. *Full Name of Mother,* Mary M. Geis
6. *Mother's Maiden Name,* Corrie
7. *Mother's Birthplace,* Gettysburg Pa.
8. *Full Name of Father,* Frank A. Geis
9. *Father's Occupation,* Blacksmith
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Francis A. Sauer M.D.

Address, 439 N. Central Ave.

Remarks,

8 9 5 0 0 0 6 5 9 9

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the person making the return, to the Commissioner of Health, and the fee of ten cents for each return shall be paid by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and with the period above prescribed, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. O. SULLIVAN CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 69190

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Child

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White Race
3. Date of Birth, 8th October 1895
4. Place of Birth, (Street and Number) No. 810 Frederick ave
5. Full Name of Mother, Mrs. Elizabeth Dill
6. Mother's Maiden Name, Miss Elizabeth Hill
7. Mother's Birthplace, Born Baltimore
8. Full Name of Father, Mr Charles Dill
9. Father's Occupation Cabinet Maker
10. Father's Birthplace, Born Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Hiller

Address, B2008 Mc Henry st

Remarks.

1 8 9 5 0 0 0 6 6 0 0

Wm. J. C. Dulany Co., City Printers and Stationers.

Be it ordained and established by the Mayor and City Council of Baltimore, that from and after the passage of this ordinance, a certificate of the birth of any child born within the City of Baltimore, shall be made out and signed by the physician or midwife, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of its birth, the name of the child, if any, and such other particulars as may be required in the form of a certificate to be provided by the Commissioner of Health, and such schedule shall be delivered, duly signed, to the office of the Commissioner of Health, or should no other person be in attendance at the birth of any child, the physician or midwife, or other person who shall become the duty of the person or persons so required, shall occur within the mother, immediately thereafter, shall make out and sign the certificate, and shall deliver the same to the Commissioner of Health. In the manner and within the period prescribed in the first section of this ordinance, the report of the birth in the Commissioner's office, and any other person who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69191

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. *Sex, (state whether male or female)* Fe
2. *Race or Color, (if not of the white race),* White
3. *Date of Birth,* Oct 8 1895
4. *Place of Birth, (Street and Number)* 2199 Hanover st
5. *Full Name of Mother,* Pauline Hartman
6. *Mother's Maiden Name,* Lentz
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Fred Hartman
9. *Father's Occupation* Glass
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs E L Brooks

Address, 1922 Light st

Remarks, Dang Well

8 9 5 0 0 0 6 6 0 1

month, and shall set forth as far as the same can be ascertained, the full name of each child (if any shall have been conferred) its sex, color, the full name and residence of its parents, the date and place of birth; and the said record shall be signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or the person or persons shall attendance upon the mother, immediately therefrom, it shall be the duty of the person or persons in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 2-1-57

RETURN OF A BIRTH. 69192

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Lillian Louise ~~Riebert~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White Child
3. Date of Birth, 1895 October 8th
4. Place of Birth, (Street and Number) Baltimore No 1327 W Pratt St
5. Full Name of Mother, Elizabeth Riebert
6. Mother's Maiden Name, Elizabeth Naumann
7. Mother's Birthplace, Germany
8. Full Name of Father, Charles Riebert
9. Father's Occupation Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Patrick Lynch

Address, 23 W Preston St

Remarks, 8950006602

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69193

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. *Sex, (state whether male or female)* male.

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* 8th October 1895.

4. *Place of Birth, (Street and Number)* 3032 Boston st.

5. *Full Name of Mother,* Lovi Klutschinski

6. *Mother's Maiden Name,* Schimenski

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Julius Klutschinski

9. *Father's Occupation* Tailor

10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return, Mrs P. Liesemann.

Address, 1208 Hull st.

Remarks,

8950005603

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69194

[redacted] 9-19-60

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Laurence Albert Peregoy Jr.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* October 8, 1895.
4. *Place of Birth, (Street and Number)* 802 E. Poland ave.
5. *Full Name of Mother,* Agnes Winifred Peregoy.
6. *Mother's Maiden Name,* Brooks.
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* John Melchoir Peregoy.
9. *Father's Occupation* Carpenter.
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return, Charles Whitehill M.D.

Address, 291 Chestnut ave.

Remarks, —

8950006604

Wm. J. C. Dulany Co., City Printers and Stationers.

Rule 4. This schedule shall contain a list of the name of each child, born of the mother, in the order of birth, the month, and shall set forth with the name of the mother, the full name of the child if a male, and if have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the person or parents in attendance upon the mother, immediately thereafter to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69195

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) ~~Boy~~ Girl

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Oct 8th 1895

4. Place of Birth, (Street and Number) 1022 Vincent Alley

5. Full Name of Mother, Jane C Liggins

6. Mother's Maiden Name, Jane C Armstrong

7. Mother's Birthplace, St Marys Co Md.

8. Full Name of Father, Henry Liggins

9. Father's Occupation Laborer

10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Mary Dorsey 1809 Lemmon St

Address,

Remarks,

8950006605

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 10-10-35

RETURN OF A BIRTH. 69196

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Pattie Virginia Bilgler

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Tuesday Oct 8th 1895. (9 45 P.M.)
4. *Place of Birth, (Street and Number)* 2334. N. Charles St Balto.
5. *Full Name of Mother,* Margaret Miller
6. *Mother's Maiden Name,* Margaret Welch
7. *Mother's Birthplace,* A.A.Co., Md
8. *Full Name of Father,* William L. Miller
9. *Father's Occupation* Physician
10. *Father's Birthplace,* Allegany Co. Md

Name of Medical Attendant, or other person who makes this Return, Elizabeth Md

Address, 116. W Melburn St

Remarks, Balto

8950006606

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the such certificate shall be signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwifery, or should no other person be in attendance upon the mother, immediately after the birth, it shall be the duty of the person or persons in charge of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 69497

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 8th 95
4. Place of Birth, (Street and Number) 1955 Edmondson Ave.
5. Full Name of Mother, Edna Dorsey Dellines
6. Mother's Maiden Name, Edna Dorsey Chapman
7. Mother's Birthplace, Isle of Wight Virginia
8. Full Name of Father, Marville Dellines
9. Father's Occupation, Upholsterer
10. Father's Birthplace, Reifolk Va.

Name of Medical Attendant, or other person who makes this Return, P S Field M.D.

Address, 642 N Fulton Ave.

Remarks,

8950006607

health. This a copy and contains a list of the births which have occurred in a certain district in a certain month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the attendant or other person, to the registrar of vital statistics, and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, who is hereby authorized and empowered to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth the date of birth, the sex, the color, the full name of each child, (if any shall have been conferred,) the full name and occupation of its parents, the date and place of birth, and the place of residence of the mother. Any person who shall be in attendance at the birth of any child, or who shall be the nearest relative of any child born in any house, or who shall be the person in charge of any house in which any child shall be born, shall be deemed the person or one of the persons upon whom the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69198

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 8th of October 95
4. Place of Birth, (Street and Number) 2123 Prince St
5. Full Name of Mother, Jette Carbowski
6. Mother's Maiden Name, Jette Schreiber
7. Mother's Birthplace, Pole
8. Full Name of Father, August Carbowski
9. Father's Occupation Labor
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return, Friederike Keuler Midwife

Address, 2116 W. Pratt St.

Remarks,

8950006608

Wm. J. C. Dulany Co., City Printers and Stationers.

Omo

RETURN OF A BIRTH. 69199

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Erma C. Rutland

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 29 1895
4. *Place of Birth, (Street and Number)* 1025 S. Stuart St
5. *Full Name of Mother,* Emma Rutland
6. *Mother's Maiden Name,* Peter
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Henry Rutland
9. *Father's Occupation* Drs Worker
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs C. H. Brooks

Address, 1025 Stuart St

Remarks, Doing Well

8950006609

Health. This schedule shall contain a list of the births which have occurred under his care during the month, and shall set forth as far as can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the third day of each and every month thereafter he shall report to the office of the Commissioner of Health, a list of all such births which shall have occurred within the preceding month, and shall make a certificate between the first and the 15th day of each and every month to the office of the Commissioner of Health, of the birth of any child attendance upon the mother, in the absence of a physician or practicioner of midwifery, or shall cause the birth of any child only to report his birth in the Commissioner of Health, in the manner and form above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 69200

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (State whether male or female) Female

2. Race or color, (if not of the white race) White

3. Date of Birth, Oct. 9th 1895.

4. Place of Birth, (Street and Number) 811 W. Saratoga St

5. Full Name of Mother. Annie Marie ~~Stacker~~ Stolpp

6. Mother's Maiden Name, " " Stacker

7. Mother's Birthplace, Baltimore Md

8. Fall Name of Father, Frederick Charles Stolpp

9. Father's Occupation, Confectioner.

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Dr Wilbur F. Morgan

Address,

Remarks,

1 8 9 5 0 0 0 6 6 1 0

month, and shall set forth such cause, and is of the same, have occurred, in writing, or cause to be given the full name of each child, the sex, color, and the date and place of birth, and shall have such conferred its sex, color, and the date and place of birth, and shall have the third day of each month and every month to be delivered, duly signed by the practitioner in the form of a certificate between the 1st and the shall occur without such attendance of a physician or midwifery, or shall cause the birth of any child child to be given the name and occupation of the mother, and within one week after such birth any such person, or other person be in charge of the person who shall have the duty of the person above required of such persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 69201

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* October th 9 1895
4. *Place of Birth, (Street and Number)* Balto Md 913 Plum alley
5. *Full Name of Mother,* Mary Elizabeth Spence
6. *Mother's Maiden Name,* Mary " Collins
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Charles Spence
9. *Father's Occupation,* Oyster Shucker
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, Milly Gross

Address, 423 Hamburg st Balto Md

Remarks,

8 9 5 0 0 0 6 6 1 1

Table.—Sec. 1. The undersigned shall contain a list of the births which have occurred under his or her care during the month, and in such form as for set forth as the same can be ascertained the full name of each child (if any shall have been conferred) the sex, color, date and place of birth, the full name of each child (if any shall have been conferred) the sex, color, date and place of birth, the full name of the father and mother, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case of the death of any child attended by such practitioner, or if such practitioner shall be unable to attend the birth of any child attendance upon the mother thereof, or shall be unable to procure the signature of the person or persons in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. BULLARY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 69202

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 9th 1895
4. Place of Birth. (Street and Number) #635 S. Patterson Pk Ave. Balto
5. Full Name of Mother, Mary Barbara Wiley
6. Mother's Maiden Name, Mary Barbara Nitzel
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Thomas Wiley.
9. Father's Occupation, Labour.
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return. Mrs. Mary M. Taylor

Address, #611 S. Patterson Pk. Ave. Balto. Md.

Remarks,

8950006612

Note.—It is hereby said contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born, sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered into the hands of the registrar of vital statistics, on the third day of each and every month to the office of the Commissioner of Health. In case of twins or triplets, and the third day of each and every month to the office of the Commissioner of Health. In case of twins or triplets, and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the time required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 69203

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 9th 1895
4. Place of Birth, (Street and Number) 1910 Oliver
5. Full Name of Mother, Cora Blight
6. Mother's Maiden Name, Hilty
7. Mother's Birthplace, Balto
8. Full Name of Father, Howard N. Blight
9. Father's Occupation, Milkman
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. J. B. Schwatka M.D.

Address, 1003 N. Broadway

Remarks,

6950006613

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and a certificate of each such birth shall be delivered, duly signed by the Commissioner of Health, to the person or persons who shall have registered its sex, color, the full name and occupation of its parents, the date of its birth, the first and last schedule shall be delivered, duly signed by the Commissioner of Health. In case the birth of any child shall occur without attendance of a physician or practitioner of midwifery, or should no other person, be the first day of each and every month, to the Commissioner of Health, a list of the births which have occurred within the period above required, and shall place upon the mother, immediately thereafter, it shall become the duty of the person or persons under such child to report its birth to the Commissioner of Health in such manner and within the period above required, and any such person or persons who shall fail or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. A. G. GULANY & SON, CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 69204

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* B
3. *Date of Birth,* Oct 9 1895
4. *Place of Birth, (Street and Number)* 206 Rummel alley
5. *Full Name of Mother,* Mary Turner
6. *Mother's Maiden Name,* Mary Jackson
7. *Mother's Birthplace,* City
8. *Full Name of Father,* John Turner
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return. Edwin Geer

Address,

Remarks,

B 9 5 0 0 0 6 6 1 4

Regular blank of the Board of Health, to be used in all cases, to be returned by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child born, the date and place of birth, and the sex and color of the child, and the name and residence of the parents, the date and place of birth, and the number of years of the mother, and shall be signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and only such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. A. G. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 69205

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Mother of 7 children

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colord
3. Date of Birth, Wensday 9th 1895
4. Place of Birth, (Street and Number) Balto 1430 Henrietta Street
5. Full Name of Mother, Mary Nickes
6. Mother's Maiden Name, Mary Mortain
7. Mother's Birthplace, Virginia
8. Full Name of Father, John Mortain
9. Father's Occupation Stable Boss
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Makell

Address, 11 York street Balto

Remarks, full time

Rosa Robinso

6950006615

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the name of the mother, immediately thereafter it shall become the duty of the person or parents of such said schedule shall be delivered, duly signed by the attendant, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time prescribed by the rules and regulations of the Board of Health, to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69206

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th Child

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 9th oct
4. Place of Birth, (Street and Number) No 335 South Stricker St
5. Full Name of Mother, Mary Hays
6. Mother's Maiden Name, Shannon
7. Mother's Birthplace, Richmond Va
8. Full Name of Father, John W Hays
9. Father's Occupation, Saw mill hand at West Clare
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Mary J Lemmon mid wife

Address, No 1313 West Pratt St

Remarks, a healthy not a very strong child

8 4 5 0 0 0 6 6 1 0 8

Wm J C. Dulany Co., City Printers and Stationers.

months, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been born alive,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the number of previous births, if any, of the mother; and certificates of every birth and of every stillbirth shall be delivered, duly signed by the practitioner, the female, or other person in attendance, within the first three days of each and every month, to the registrar of vital statistics; in case the birth of any child shall occur without the presence of a physician or practitioner of midwifery, or should no other person be in attendance, the mother, immediately thereafter, shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, by the number of the house, and the street, and shall say such person or persons, who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69207

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Oct 9th 1895
4. *Place of Birth, (Street and Number)* 1541 Bruce Street
5. *Full Name of Mother,* Laura Harris
6. *Mother's Maiden Name,* Laura Washington
7. *Mother's Birthplace,* Harford Co. Md.
8. *Full Name of Father,* Henry Davis
9. *Father's Occupation* Stone Cutter
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Mary Posey

Address, 1809 London St

Remarks,

1 8 9 5 0 0 0 6 6 1 7

Health, and shall and do, on the same day, report to the Registrar of Vital Statistics, Board of Health, the full name of each child, if any shall have been born, the sex, color, the full name and occupation of its parents, the date and place of birth, and the number of children of the mother, including the child reported, and such other information as may be required by said schedule shall be delivered, duly signed by the practitioner in the form of a certificate to the birth of any child, or a certificate of the cause of death, to the coroner of Baltimore City, within twenty-four hours after the birth or death, and shall report the birth of any child, or death of any person, to the office of the Registrar of Vital Statistics, Board of Health, within the first third day of each and every month to the office of the Registrar of Vital Statistics, Board of Health, and if any such birth shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, the mother of such child, or the person in charge of the house where such birth shall occur without the attendance of a physician or practitioner of midwifery, shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69208

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 9 October
4. *Place of Birth, (Street and Number)* Alicana str. 1533
5. *Full Name of Mother,* Emiel Wright
6. *Mother's Maiden Name,* Langstrom
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Elijh Wright
9. *Father's Occupation* Workman
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address, Mary Pretl

Remarks. S Bond str. 838

8950006618

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred within the city during the last month, and shall set forth as follows, namely: the number of each child of the mother to be stated if it has been conferred) its sex, color, the full name and surname, if any, of the child, if born alive, and the place of birth, and the full name and surname of the parents, the date and place of birth, and the name of the physician or midwife, if any, present at the birth, and the place of residence of the parents; and every such schedule shall be delivered, duly signed by the physician or midwife, or, should no other person be in attendance upon the mother, immediately after the birth, by the mother, to the Commissioner of Health, in the manner and within the period above required, and shall occur within the city, and every month to the office of the Commissioner of Health, in the manner and within the period above required, and shall become the duty of the person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69209

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex, (state whether ~~male~~ or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Oct. 9th 1895
4. *Place of Birth, (Street and Number)* 412 W. Saratoga St
5. *Full Name of Mother,* Mary Tolson
6. *Mother's Maiden Name,* " Jackson
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* John P. Brown
9. *Father's Occupation,* —
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, Louisa Hansford

Address, 104 York St

Remarks, 8950006619

to be furnished by the Commissioner of … schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

1896

RETURN OF A BIRTH. 69240

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 9th 1895
4. Place of Birth, (Street and Number) Boston St. 3036
5. Full Name of Mother, Mary Sabolesska
6. Mother's Maiden Name, " Vitka
7. Mother's Birthplace, Poland
8. Full Name of Father, Willie Sabolesska
9. Father's Occupation Labor
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Mary Kozba

Address, 602 Bond

Remarks,

1 0 9 5 0 0 0 1 6 2 0

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69211

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 9th 1895
4. *Place of Birth, (Street and Number)* 20 S Exeter St
5. *Full Name of Mother,* Gertie Gordon
6. *Mother's Maiden Name.* Gertie Hirt
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Harris Gordon
9. *Father's Occupation* Tailor
10. *Father's Birthplace.* Russia

Name of Medical Attendant, or other person who makes this Return, Alex Y Feldman

Address, 1113 N Gorsuch St

Remarks, 1 8 9 5 0 0 0 6 6 2 1

Any person who shall be delivered, duly signed by the attendant, in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the aid of a midwife or practioner of midwifery, or should no other person be in attendance, the mother, immediately thereafter, it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health. In case any person shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co. City Printers and Stationers.

RETURN OF A BIRTH. 69212

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Oct 9th 1895
4. Place of Birth, (Street and Number) 1317 Monroe St
5. Full Name of Mother, Lavinia Coleman
6. Mother's Maiden Name, Lavinia Perry
7. Mother's Birthplace, Orange Hills
8. Full Name of Father, John Coleman
9. Father's Occupation Laborer
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Mary Dorsey

Address, 1809 Lanman St

Remarks,

8950006622

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately after the birth of any child, the duty of the person or parents of such child to report it to the Commissioner of Health, in the manner and within the period above stated, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 69213

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Black

3. Date of Birth, December 9th 1896

4. Place of Birth, (Street and Number) 1525 Pennsylvania Ave

5. Full Name of Mother, Laura Davis

6. Mother's Maiden Name, " Washington

7. Mother's Birthplace, Virginia

8. Full Name of Father, Henry Davis

9. Father's Occupation, Laborer

10. Father's Birthplace, Washington D.C.

Name of Medical Attendant, or other Person who makes the Return Ellen Dodson

Address, 1408 Madison Ave

Remarks,

8 Y 5 0 0 0 6 6 2 3

...ON CO., CITY PRINTERS AND STATIONERS.

...ment of its birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a ...ment, to the superintendent of vital statistics, or to the board of health, or registrar of vital statistics, ...ch month, between the first and third days of each month, to the board of health, midwifery, or ...birth of any child shall receive no fee or compensation for such service. It shall then become the ...duty of the parent or parents of such child to report the births and deaths of their children, and ...should any other person report such births and deaths, the provisions of this section shall be subject ...only to the period above required, except it fail to comply with the provisions of this section shall be ...ty, person or persons who shall neglect or fail to comply with the provisions of this section shall be subject ...to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH. 69214

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Oct 9 — 1895
4. *Place of Birth, (Street and Number)* 188 W. Fort Ave
5. *Full Name of Mother,* Ellen Cavill
6. *Mother's Maiden Name,* Donovon
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Martin Cavill
9. *Father's Occupation* Shoe-Maker
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Pratt St.

Remarks,

1 8 9 5 0 0 0 6 6 2 4

said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person in attendance upon the mother, immediately thereafter, to make the said return, and in case there be no other person in attendance, then it shall become the duty of the person or persons of such family or household, or the occupant of the house, or the person in charge thereof, to make the said return, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69215

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 6th
4. Place of Birth, (Street and Number) 9 W. Camden St City
5. Full Name of Mother, Elizabeth Cunningham
6. Mother's Maiden Name, Devine
7. Mother's Birthplace, Ireland
8. Full Name of Father, John P. Cunningham
9. Father's Occupation, Poultry Dealer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs Hinch

Address, 800 Leadenhall Street

Remarks,

8 9 5 0 0 0 6 6 2 5

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person who has attendance upon the mother, and in all other cases the duty of the person or persons of such child or children, to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69216

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, October the 9. 1895
4. Place of Birth, (Street and Number) Lanland st No 1217
5. Full Name of Mother, Viola A Hutchinson
6. Mother's Maiden Name, Viola A Basil
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William E Basil
9. Father's Occupation Express man
10. Father's Birthplace, Annapolis

Name of Medical Attendant, or other person who makes this Return, Mrs E Kelley

Address, No 1922 Williams Ave

Remarks,

8950006626

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the birth, it shall become the duty of the person or persons in the place of such birth to give notice thereof to the Commissioner of Health, in the manner and within the period above required, and shall forthwith report the birth to the Commissioner of Health, in the manner prescribed by the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69217

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 9
4. *Place of Birth, (Street and Number)* 410 Hanover
5. *Full Name of Mother,* Ella White
6. *Mother's Maiden Name,* Ella Campbell
7. *Mother's Birthplace,* Philadelphia
8. *Full Name of Father,* F. W. White
9. *Father's Occupation* Railroad
10. *Father's Birthplace.* Bird Ds Md.

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8950006627

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] co-efficient in det. color, [illegible] name on vaccination or a parents the date and place of birth and the said schedule shall be delivered only to the Commissioner in the form of a certificate between the first and fifteenth day of each month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately (or shall become sick within the period above required, and such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69218.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Oct 9. 95
4. *Place of Birth, (Street and Number)* 672 N. Lombard St
5. *Full Name of Mother,* Eleathia Gray
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. J. B. F. Dick

Address, 672 N. Lombard St

Remarks,

8950006628

Third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur within the third day of a month, or if the attending physician or other person herein shall be unable to make the return herein required, he shall report the birth to the Registrar of Vital Statistics, Baltimore City, and shall make a return of the same to the Commissioner of Health, on the first day of the next month following the birth, or the attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69219

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 9 — 95
4. Place of Birth, (Street and Number) 314 — 11th St
5. Full Name of Mother, Mary E Parks
6. Mother's Maiden Name, " " Robinson
7. Mother's Birthplace, Baltimore Co Md —
8. Full Name of Father, Alfred L Parks
9. Father's Occupation House Carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, R L Rankein MD

Address, 711 Jefferson Ave Waverly

Remarks,

1 8 9 5 0 0 0 6 6 2 9

third day of each and every month to be one of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or absolute or parents of such child, the mother, immediately upon the expiration of the day on which the period above required, shall become the duty of any person who shall be called upon to report its birth to the Commissioner of Health, in the manner provided in this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

69520

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth. Oct 9th 95
4. Place of Birth, (Street and Number) 1717 Bethel st
5. Full Name of Mother, Mary W. Miller
6. Mother's Maiden Name, " " Leiber
7. Mother's Birthplace. Pennsylvania
8. Full Name of Father, John Miller
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. R G Rankin MD

Address. 811 Jefferson Ave Waverly

Remarks,

1 8 9 5 0 0 0 6 6 3 0

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, to the manner and within the period above required, and shall fail to report its birth to the Commissioner of Health, to the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., Stationers and Printers.

RETURN OF A BIRTH 69221

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First (1st)

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* October 10th 1895

4. *Place of Birth, (Street and Number)* 825 Harlem Avenue

5. *Full Name of Mother,* Emma Mullett

6. *Mother's Maiden Name,* Findlay

7. *Mother's Birthplace,* Baltimore Md

8. *Full Name of Father,* George Mullett

9. *Father's Occupation,* Clerk

10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other Person who makes this Return Louis W. Knight

Address, 320 N. Greene St.

Remarks,

6950006631

certificate, between the first and third day of each and every month, to the Board of Health. In cases the birth of any child shall occur without the attendance of a physician, or of a midwife or nurse, or in cases of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the father, or in his absence, of any other person who shall have knowledge of the birth, to report the birth to the Board of Health, in the manner and within the period above prescribed. And in the case of the death of the mother, or in the absence of the father, the same duty is imposed upon any person or persons who shall hereafter fail to comply with the provisions of this section, and to be fined or ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

..., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 69222

CERTIFICATE CORRECTED 4-13-54

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: William ~~F. Gross~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The Tenth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct to 10th 1895
4. Place of Birth, (Street and Number) 1818 Chester St
5. Full Name of Mother, Christina Gross
6. Mother's Maiden Name, Christine Wittline
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Conrad H. Gross
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Barnes

Address, 1600 N Chester st

Remarks,

1 8 9 5 0 0 0 6 6 3 2

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69223

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 10th 95
4. Place of Birth, (Street and Number) 2007 Bolton St
5. Full Name of Mother, Reba Wolfheim
6. Mother's Maiden Name, Reba Gilsup
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Samuel Wolfheim
9. Father's Occupation, Salesman
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return. Joseph Blum

Address, Corner of

Remarks,

8 9 5 0 0 0 6 6 3 3

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person in charge of such child to report the birth to the Commissioner of Health, in the manner and within the period above fixed, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69224

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Living

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 10 1895
4. *Place of Birth, (Street and Number)* 1918 S Sharp St
5. *Full Name of Mother,* Nellie Wolf
6. *Mother's Maiden Name,* Shuster
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Harry Wolf
9. *Father's Occupation* Bottler Foreman
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Thos E. McGrady

Address, 1928 Eutaw St

Remarks, Living Well

1895006634

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69225

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. *Sex, (state whether male or femate).* Female MARY ISABEL
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 15th 95
4. *Place of Birth, (Street and Number)* 116 Penel Alley
5. *Full Name of Mother,* Mollie Cunning Hamble
6. *Mother's Maiden Name,* Mollie Hamble
7. *Mother's Birthplace.* Baltimore Md
8. *Full Name of Father.* Harry Cunning Hamble
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, F H Hammond Undertaker M.D.

Address, 1034 Lexington St.

Remarks,

6450006635

Immediately upon the mother, immediately hereafter, is shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69226

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 10th 1895.
4. Place of Birth, (Street and Number) 514 Register Street
5. Full Name of Mother, Lizzie Dillion
6. Mother's Maiden Name, Lizzie Albers
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Thomas Dillion
9. Father's Occupation. Tannery
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mrs Anna Lenz midwife.

Address, 1539 Alice anna Street

Remarks,

8 9 5 0 0 0 6 6 3 6

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

GEO. J. G. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 69227

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* 10th inst
4. *Place of Birth (Street and Number),* 506 Chester St
5. *Full Name of Mother,* Katie M. Eaglestone
6. *Mother's Maiden Name,* Katie M. Carr
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Eaglestone
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary E. Price

Address, 1630 Ashland Ave

Remarks, Healthy Child

The attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately upon the birth of a child, then the person who shall be the first to visit such child or mother, is required to report the birth to the Commissioner of Health, in the manner and within the period prescribed by the rules and regulations of the Board of Health, under penalties provided for such offenses. The Commissioner of Health, in the manner and within the period prescribed by the rules and regulations of the Board of Health, under penalties provided for such offenses. For each offence, to be recovered as other fines and forfeitures are recoverable.

e Publishing Co., City Printers and Stationers

8950006637

RETURN OF A BIRTH. 69228

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Oct 10 '05
4. *Place of Birth, (Street and Number)* 1521 E. Monument St
5. *Full Name of Mother,* Lizzie Thomas
6. *Mother's Maiden Name,* " Gifford
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Otho Thomas
9. *Father's Occupation* Balto Md
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Caroline Miller

Address, 1605 Walker St

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

1 8 9 5 0 0 0 6 6 3 8

RETURN OF A BIRTH. 69229

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 10th 1895
4. *Place of Birth, (Street and Number)* 612 S Washington Street
5. *Full Name of Mother,* Annie Hobbs
6. *Mother's Maiden Name,* Annie Widner
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* John Hobb
9. *Father's Occupation,* Laboring Work
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Mary Engelhart

Address, 1726 Eastern Av Balto Md

Remarks,

8950006639

[illegible] midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

Owen

RETURN OF A BIRTH. 69230

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Raymond ~~Henry~~ Buker

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 1895
4. Place of Birth, (Street and Number) 311 S Wolf St
5. Full Name of Mother Jeanette ~~(Little)~~ ~~(Maiden)~~ Buker
6. Mother's Maiden Name " ~~(Little)~~ ~~(Maiden)~~ Schaefer
7. Mother's Birthplace California
8. Full Name of Father, William ~~(Maiden)~~ Buker
9. Father's Occupation Trader
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mary E Pregoy

Address, No 168 Frederick Ave

Remarks, 8950006640 City

Shall occur without the attendance of a physician or practitioner of midwifery, or should the child of any child attendance upon the mother, immediately thereafter it shall become the duty of the person in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 11-19-62

RETURN OF [redacted] BIRTH 69231

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Margaret Elizabeth Fiddis

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 10th 95
4. Place of Birth, (Street and Number) 1509 N. Mount Street
5. Full Name of Mother, Margaret May Fiddis
6. Mother's Maiden Name, Margaret M. Adelsberger
7. Mother's Birthplace, Maryland
8. Full Name of Father, William J. Fiddis
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. C. K. Jump MD

Address, 1202 Argyle Ave

Remarks,

8950006641

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall have neglected to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

THOS. J. G. GALANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 69232

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Bertha Irene Slagle

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 10. 1895
4. Place of Birth, (Street and Number) 1936 Edmondson Av
5. Full Name of Mother, Minnie Slagle
6. Mother's Maiden Name, " Effert
7. Mother's Birthplace, Germany
8. Full Name of Father, John Slagle
9. Father's Occupation Tailor
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs S. A. Brooks

Address, 1828 Druid Hill Av

Remarks, Twin Well

1 8 9 5 0 0 0 6 6 4 2

Any people without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69233

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Twins Males
2. Race or Color, (if not of the white race)
3. Date of Birth, Oct. 10 — 1895
4. Place of Birth, (Street and Number) 413 S. Caroline St.
5. Full Name of Mother, Emma F. Abel
6. Mother's Maiden Name, Mathews
7. Mother's Birthplace, Pocomoke City Md
8. Full Name of Father, Adam Abel
9. Father's Occupation Box-Maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary Stein

Address, 427 E. Pratt St.

Remarks,

8950006643

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, the person in charge of the premises or occupant of such child to report it as herein required, and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall fail to comply with the provisions of this section shall be, and are hereby, subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69234

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 10th Oct
4. Place of Birth, (Street and Number) 908 N. Gay st
5. Full Name of Mother, Caroline Altenburg
6. Mother's Maiden Name, " Gaenter
7. Mother's Birthplace, Balto
8. Full Name of Father, William Altenburg
9. Father's Occupation Produce Dealer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Julia Groome

Address, 944 N. Gay st

Remarks,

8 9 5 0 0 0 6 6 4 4

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69235

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 4 1895
4. Place of Birth, (Street and Number) Orleans st 1901
5. Full Name of Mother, Eva Westerhoff
6. Mother's Maiden Name, Norcreen
7. Mother's Birthplace, August Westerhoff
8. Full Name of Father, Jobes
9. Father's Occupation Norcreen
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. Mary Griffiths

Address, N Washington st 20

Remarks,

8950006645

Wm. J. C. Dulany Co., City Printers and Stationers.

Any person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69236

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 10. October 1895.
4. *Place of Birth, (Street and Number)* 126 N. Poppelton St.
5. *Full Name of Mother,* Maggie Miller
6. *Mother's Maiden Name,* Maggie Burger
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Anton Miller
9. *Father's Occupation* Cutter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Susan Hunter

Address, 23 N. Poppelton St.

Remarks, 8950006646

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance, the mother, or in her default, the person in charge of the house, or parents of such child to report its birth to the Commissioner of Health, in writing within twenty-four hours after such birth, any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69287

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 10 Oct 1895
4. Place of Birth, (Street and Number) 1620 Patapsco st
5. Full Name of Mother, Louise Gastiger
6. Mother's Maiden Name, Geller
7. Mother's Birthplace, Germany
8. Full Name of Father, Christian Gastiger
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs E E Brooks

Address, 1848 Light st

Remarks, Born Well

8950006647

Wm. J. C. Dulany Co., City Printers and Stationers.

Any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

shall occur without the attendance of a physician, or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69238

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 10th 1899
4. *Place of Birth, (Street and Number)* 423 W Pratt st
5. *Full Name of Mother,* Rosa Black
6. *Mother's Maiden Name,* Rosa Serne
7. *Mother's Birthplace,* Germania
8. *Full Name of Father,* Morris Black
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return. Mrs Hunter

Address, 23 N Appleton St

Remarks,

8950006648

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance, the father, if living, shall become the duty of the person, or parents of such child to report its birth to the Commissioner of Health, in the manner prescribed by the rules and regulations of said Board, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69239

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d, 3d,~~ &c.) 5 4

1. *Sex, (state whether ~~male~~ or female)*
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* Oct 10
4. *Place of Birth, (Street and Number)* 1714 Ethel St
5. *Full Name of Mother,* Fannie Thomas
6. *Mother's Maiden Name,* Palus
7. *Mother's Birthplace,* Frederick Co Md.
8. *Full Name of Father,* Charles Thomas
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Frederick Co Md.

Name of Medical Attendant, or other person who makes this Return, John G Huck

Address, 849 N Lafayette Ave

Remarks,

8950006649

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69240

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Still

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, october 10 1875
4. Place of Birth, (Street and Number) 1826 chestnut st city
5. Full Name of Mother, Martha J garsuch
6. Mother's Maiden Name, Allison
7. Mother's Birthplace, greenock scotland
8. Full Name of Father, Conrad Valady garsuch
9. Father's Occupation Baker
10. Father's Birthplace, carlcal county Eng

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address. Martha King 575 Pickering st

Remarks. Hampden city

1 8 9 5 0 0 0 6 6 5 0

Wm. J. C. Dulany Co., City Printers and Stationers.

Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69241

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 10 October 1895
4. Place of Birth, (Street and Number) 4 Bolight St
5. Full Name of Mother, Lizzie Brown
6. Mother's Maiden Name, Gilles
7. Mother's Birthplace, Russia
8. Full Name of Father, Jacob Brown
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. Sherman

Address, 42 Albemarle St.

Remarks.

1 8 9 5 0 0 0 6 6 5 1

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur within the limits of any city or town, the attending physician or other person in attendance upon the mother immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately hereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69242

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 10. 1895
4. *Place of Birth, (Street and Number)* St Vincents Inf. Asylum
5. *Full Name of Mother,* Mary Lewis
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Not known
9. *Father's Occupation* "
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, A. L. Avin M.D.

Address, 600 North Avenue

Remarks,

1895 0006652

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69243

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 11 - 95
4. Place of Birth, (Street and Number) 677 N. Lombard, Md
5. Full Name of Mother, Mrs. John D. Hesks
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Fult Name of Father,
9. Father's Occupation
10. Father's Birthptace,

Name of Medical Attendant, or other person who makes this Return. M. R. Bowin

Address, 677 N. Lombard Md

Remarks,

8950006653

Will occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69244

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Oct 11 - 95
4. *Place of Birth, (Street and Number)* 223 Vincent Alley
5. *Full Name of Mother,* Hannah Chambers
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, M R Brown

Address, 699 N Lombard St

Remarks,

1 8 9 5 0 0 0 6 6 5 4

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Registrar of Births, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69245

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Oct 11 95
4. *Place of Birth, (Street and Number)* 622 N. Lombard St
5. *Full Name of Mother,* Mary Smith
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this return, G. McF. Dick

Address, 622 N. Lombard St

Remarks,

1 8 9 5 0 0 0 6 6 5 5

Any doctor who shall fail to attend the attendance of a physician or practioner of midwifery, or should no other person be in attendance, then the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69246

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 11th 1895.
4. *Place of Birth, (Street and Number)* 739 E. Federal St
5. *Full Name of Mother,* Sadie Johnson.
6. *Mother's Maiden Name,* " Benson.
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Harry E. Johnson.
9. *Father's Occupation* Truckman.
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return Percy Stanbury

Address, 1427 E. Preston St

Remarks, Above child was delivered at full term and weighed when (3) days old 7 pounds 0 ounces 6.5 6

shall occur without the attendance of a physician or practitioner of midwifery, or should the child of any such person be in attendance upon the mother, or should any person or persons, with the intent to conceal the birth of any such child, neglect or refuse to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

"Not for publication"

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69247

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 11th Day of October
4. Place of Birth, (Street and Number) Baltimore 271 Durham st
5. Full Name of Mother, Mrs Annie Wright
6. Mother's Maiden Name, Annie Murray
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John W Wright
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Susie Hooper

Address, 123 Durham st

Remarks, no remarks

1 8 9 5 0 0 0 6 6 5 7

attendance upon the mother immediately before or at the birth or in any city, or should no other person be in any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69248

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* ~~Male~~ Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 11, 1895
4. *Place of Birth, (Street and Number)* 1832 N Chester St
5. *Full Name of Mother,* Mary Ennig
6. *Mother's Maiden Name,* Mary Weinfam
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Jno Ennig
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. J. F. Marden M.D.

Address, 1701 N Caroline St

Remarks,

8950006658

Wm. J. C. Dulany Co., City Printers and Stationers.

Each and every month of each and every year, within the third day of each and every month to the office of the Commissioner of Health, a true and correct certificate between the first and third day of each and every month to the office of the Commissioner of Health, a true and correct certificate between the first and attendance upon the mother, immediately preceding, or should no other person be in attendance, the father of such child shall report its birth to the Commissioner of Health. In all instances in which the duty of the person or parents of such child shall report its birth to the Commissioner of Health, in all instances in which the duty of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69249

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Oct 11 — 1895
4. Place of Birth, (Street and Number) 117 E. Pratt St.
5. Full Name of Mother, Johanne Jefrier
6. Mother's Maiden Name, J Donnel
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James Jefrier
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return Mary Stein

Address, 1427 E. Pratt St.

Remarks,

1 8 9 5 0 0 0 6 6 5 9

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practitioner of medicine, or should no other person be in attendance upon the mother, immediately thereafter, in the manner and within the period above prescribed, and shall neglect or refuse to report its birth to the Commissioner of Health, in the manner and within the period above prescribed, such any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and any other person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69250

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether mate or femate)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Oct. 11 – 1895
4. *Place of Birth, (Street and Number)* 1513 Bank St.
5. *Fult Name of Mother,* Louise Haley
6. *Mother's Maiden Name,* Michel
7. *Mother's Birthptace,* Baltimore
8. *Fult Name of Father,* George Haley
9. *Father's Occupation* Box Maker
10. *Father's Birthptace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary Stein

Address, 1427 E. Pratt St.

Remarks,

8 9 5 0 0 0 6 6 6 0

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69251

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Oct-14th 1895
4. Place of Birth, (Street and Number) 412 Whitwell St.
5. Full Name of Mother, Abbie Hall
6. Mother's Maiden Name, Abbie Talbot
7. Mother's Birthplace, Virginia
8. Full Name of Father, Frederick Hall
9. Father's Occupation Laborer
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Mary Dorsey M.D.

Address, 1809 Druid Hill Ave

Remarks,

8 9 5 0 0 0 6 6 6 1

Within day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, it shall be the duty of the person in attendance upon the mother, immediately thereafter, to make and forward a return of such birth, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered, as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69252

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* boy
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 11 October
4. *Place of Birth, (Street and Number)* 1011 Chew st
5. *Full Name of Mother,* Annie Jouesy
6. *Mother's Maiden Name,* Flanagan
7. *Mother's Birthplace,* Philadelphia
8. *Full Name of Father,* Henry Jouesy
9. *Father's Occupation* —
10. *Father's Birthplace,* Ball

Name of Medical Attendant, or other person who makes this Return, Annie Walker

Address, 928 N. Eut Avenue

Remarks,

8 9 5 0 0 0 6 6 6 2

Fraud occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately after the birth of a child, the person or persons in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately hereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69253

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* ~~Patent Alley~~ Oct 11th 1895
4. *Place of Birth, (Street and Number)* 813 Patent Ave
5. *Full Name of Mother,* Mrs Emma Dyson
6. *Mother's Maiden Name,* Emma Dyson
7. *Mother's Birthplace,* Baltimore Maryland
8. *Full Name of Father,* William Cole
9. *Father's Occupation* Bar tender
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, Charlie Johnson

Address, 1012 Pleasant Alley

Remarks, Twin Twin Twin Child

Received Nov 8 1895 0 0 6 6 6 3 Oct 1895

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 69254

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 11th 95
4. *Place of Birth, (Street and Number)* 817 Harlem Ave
5. *Full Name of Mother,* Grace B. Rollins
6. *Mother's Maiden Name,* Grace B. Howe
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* J. Bennett Rollins
9. *Father's Occupation,* Clerk.
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return. C. K. Jumper M.D.

Address, 1202 Argyle Ave.

Remarks,

8950006664

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall therefrom fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 69255

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* Oct 11 1895
4. *Place of Birth, (Street and Number)* 807 Parrish alley
5. *Full Name of Mother,* Lett Augusta Davis
6. *Mother's Maiden Name,* Lizzie Dennis
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Elza Dennis
9. *Father's Occupation* Laboring
10. *Father's Birthplace,* Virginia Colored

Name of Medical Attendant, or other person who makes this Return. Mrs Mary B Jones

Address, 121 Saratoga St

Remarks, Balto Md

1 8 9 5 0 0 0 6 6 6 5

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period hereinafter set forth, under penalty of a forfeiture of Ten Dollars for each offence; and any person who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69256

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct 11th 1895

4. Place of Birth, (Street and Number) #2619 Eastern Ave. Balto

5. Full Name of Mother, Katie Lettow

6. Mother's Maiden Name, Katie Weil

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Ludwig Lettow

9. Father's Occupation, ~~Steador~~ Steveidor

10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. Mary M. Taylor

Address, # 611 S. Patterson Pks. Ave.

Remarks,

8 9 5 0 0 0 6 6 6 6

Wm J C. Dulany Co., City Printers and Stationers.

Any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, the father, or should the father be absent, the mother shall be required to report the birth of any child to report its birth to the Commissioner of Health in the manner and within the period above required, and such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69257

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, October, 11th '95.
4. Place of Birth, (Street and Number) 1305. Hanbert Str.
5. Full Name of Mother, Sophie Muchow.
6. Mother's Maiden Name, Sophie Bucher.
7. Mother's Birthplace, Germany.
8. Full Name of Father, Albert Muchow.
9. Father's Occupation Mariner.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return, Amalie Boecker.

Address, 1339. Hull Str.

Remarks.

1 8 4 5 0 0 0 6 6 6 7

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 69258

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 11 October
4. *Place of Birth, (Street and Number)* Bouldin Str 1008 Canton
5. *Full Name of Mother,* Maggie Uhl
6. *Mother's Maiden Name,* Maggie Kreps
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Adam Uhl
9. *Father's Occupation* Butcher
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Burkard

Address, Bouldin Str 1006 Balt. County

Remarks,

8750066668

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69259

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 14 Oct 1895
4. Place of Birth, (Street and Number) 1241 N. Aisquith st
5. Full Name of Mother, Margret Munchow
6. Mother's Maiden Name, " Vilick
7. Mother's Birthplace, Balto Co
8. Full Name of Father, Rudolf Munchow
9. Father's Occupation Cigar Store
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Julia Groome

Address, 744 N. Gay st

Remarks,

8950006669

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practicer of midwifery, or should an other person be in attendance upon the mother, immediately preceding, or at the birth of any child, or should any person who shall become the father of such child, or the person or persons in charge of such child to report it to the Commissioner of Health, fail to comply with the provisions of this section shall be and such person or persons shall hereafter fail to comply with the provisions of this section shall be and hereby are subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69260

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 11th 1895.
4. Place of Birth, (Street and Number) 703 Edmondson Ave
5. Full Name of Mother, Hattie E. Hyman
6. Mother's Maiden Name, " " Jenkins
7. Mother's Birthplace, Virginia
8. Full Name of Father, Bernard F. Hyman
9. Father's Occupation, Mechanic
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return. Addison C. Fox M.D.

Address, 1205 W. Fayette St

Remarks,

attendance upon the mother, immediately thereafter, it shall become the duty of the person or other person be in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8950006670

RETURN OF A BIRTH. 69261

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 11th. 1890
4. *Place of Birth, (Street and Number)* # 108 South High st.
5. *Full Name of Mother,* Sundle Cohen
6. *Mother's Maiden Name,* Sundle Cohen
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Morris Cohen
9. *Father's Occupation,* Presser
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Jetta Klawansky

Address, 1022 East Lombard st.

Remarks,

8 9 5 0 0 0 6 6 7 1

Wm J C. Dulany Co., City Printers and Stationers.

attendance upon the mother, immediately thereafter it shall become the duty of the person or persons in charge of such child to report its birth to the City Registrar, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69262

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Oct. 17 95
4. *Place of Birth, (Street and Number)* 1130 Goodman Alley
5. *Full Name of Mother,* Susie Lacey
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. J. McF. Dick

Address, 600 W. Lombard St

Remarks,

8950006672

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69263

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Oct 17 95
4. *Place of Birth, (Street and Number)* 672 W. Lombard St
5. *Full Name of Mother,* Jenny Moore
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, J. McG. Dick

Address, 672 W. Lombard St

Remarks.

8950006673

Wm. J. C. Dulany Co., City Printers and Stationers.

Midwifery without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above stated and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69264

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Apr. 17 '95
4. *Place of Birth, (Street and Number)* 622 W. Lombard St.
5. *Full Name of Mother,* Bertha Smith
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes the Return. M. R. Bruin

Address, 622 W. Lombard St.

Remarks,

8 9 5 0 0 0 6 6 7 4

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] attendance upon the mother, immediately thereafter, shall become the duty of the person or persons in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69265

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 12 - 95
4. Place of Birth, (Street and Number) 6 x N. Lombard St
5. Full Name of Mother, Lizzie Lassack
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. M. R. Bowin

Address, 6 x N. Lombard St

Remarks,

8950006675

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] occur without the attendance of a physician or practioner of midwifery, [illegible] any child [illegible] attendance upon the mother, immediately thereafter it shall become the duty of the [illegible] person [illegible] child to report the birth to the commissioner of Health, in the manner and with [illegible] required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period prescribed by law, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69286

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* October 12 th 95
4. *Place of Birth, (Street and Number)* 2202 E. Biddle
5. *Full Name of Mother,* Beatrice Franklin
6. *Mother's Maiden Name,* Snyder
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Chas Franklin
9. *Father's Occupation* Machinist
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this return, Louise Gross

Address, 1907 E. Monument St

Remarks,

L 4 5 0 0 0 6 6 7 6

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practitioner of midwifery, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person in charge of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any other person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69267

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 12 1895
4. Place of Birth, (Street and Number) 111 Race St
5. Full Name of Mother, Cecilia Stutz
6. Mother's Maiden Name, " Greer
7. Mother's Birthplace, Balto
8. Full Name of Father, Henry Stutz
9. Father's Occupation Box Maker
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs. E Brooks

Address, 1028 Eager St

Remarks, Henry Hall

8950006677

Wm. J. C. Dulany Co., City Printers and Stationers.

CERTIFICATE CORRECTED 2-18-60

RETURN OF A BIRTH. 69268

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Lily Evelyn Buck

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 12th 1895
4. Place of Birth, (Street and Number) 712 S Broadway
5. Full Name of Mother, ~~Rosie~~ Buck, Rosella
6. Mother's Maiden Name, ~~Rosie L Shoemaker~~ Robinson
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Charles Buck
9. Father's Occupation, Butter Dealer
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Mary Engelhart

Address, 1726 Eastern Ave Balto Md

Remarks,

8 4 5 0 0 0 6 6 7 8

attendance upon the mother, immediately thereafter, shall be under a duty to report such birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69269

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ninth child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 12nd 1895
4. *Place of Birth, (Street and Number)* 416 N. Broadway
5. *Full Name of Mother,* Mary A. Simpson
6. *Mother's Maiden Name,* McTagart
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Frank N. Simpson
9. *Father's Occupation,* Tinner
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Francis A. Sauer M.D.

Address, 459 N. Central Ave.

Remarks,

8950006679

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person who shall be in attendance upon the mother during her confinement, shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

THE J. D. BULARY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 69270

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct. 12/95
4. *Place of Birth, (Street and Number)* 221 S. Eden Str.
5. *Full Name of Mother,* Karolina Roth
6. *Mother's Maiden Name,* " Stettler
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* John K. Roth
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Wm. Deisenhofer

Address, 2225 Gough St.

Remarks,

8950006680

shall occur without the attendance of a physician or practicuner of midwifery, or shall not be reported by the attending physician or practicuner of midwifery, or if there be no such attendance upon the mother, immediately after the birth of any child, it shall become the duty of the person in charge of the premises where such birth shall occur, or the parents of such child, to report such birth to the Commissioner of Health; in the manner and within the period above prescribed; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of twenty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 69271

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 12th October
4. Place of Birth, (Street and Number) 713 Ramsay st
5. Full Name of Mother, Mrs Lydia Schmidt
6. Mother's Maiden Name, Mrs Lydia Stolzenbach
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John August Schmidt
9. Father's Occupation Butcher
10. Father's Birthplace, Schuylkill County Pennsylvania

Name of Medical Attendant, or other person who makes this Return, Mrs Bangar

Address, 711 N. Gay st

Remarks,

8950006681

Wm. J. C. Dulany Co., City Printers and Stationers.

Attendance without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, the midwife, or other person who shall be in charge of the person or persons who shall have the care of such child, to report the birth to the Commissioner of Health, in the manner and within the time required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the birth, the parent or parents of the child, or the person in charge of such child, shall report the birth to the Commissioner of Health, in the manner and within the period hereinafter prescribed; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69272

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Boy 2 twinc
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 12 October
4. *Place of Birth, (Street and Number)* Box St. 533
5. *Full Name of Mother,* Marie Herman
6. *Mother's Maiden Name,* Cohn
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* August Herman
9. *Father's Occupation* Workman
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return,

Address, Mary Bell

Remarks, S Bond St 1828

8950006682

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69273

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 12th 1895
4. Place of Birth, (Street and Number) 1629 Mosher
5. Full Name of Mother, Mrs Kate McHale
6. Mother's Maiden Name, Kate Stevens
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Luke McHale
9. Father's Occupation, Merchant
10. Father's Birthplace, Texas

Name of Medical Attendant, or other person who makes this Return, Mrs Warner

Address, 901 N Strieker St

Remarks,

8 4 5 0 0 0 6 6 8 3

CERTIFICATE CORRECTED 5-1-62

GIVEN NAME ADDED 5-1-62

RETURN OF BIRTH. 69274

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Elizabeth Feige

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) the Third

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 12 1895
4. *Place of Birth, (Street and Number)* 1318 Wilcox st
5. *Full Name of Mother,* ~~Kate Donnet Fige~~ Feige
6. *Mother's Maiden Name,* Kate Donnet
7. *Mother's Birthplace,* Scotland
8. *Full Name of Father,* ~~Henry Fige~~ Feige
9. *Father's Occupation* Baker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Brims

Address, 1600

Remarks,

8 9 5 0 0 0 6 6 8 4

Wm. J. C. Dulany Co., City Printers and Stationers.

All births shall be attended by a physician or practitioner of midwifery; or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person attending the birth of any child to report its birth to the Commissioner of Health, in the manner and within the period above recited; and any such person or persons who shall hereafter fail to comply with any of the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered, as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69275

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 2d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, The 12 of October 1895
4. Place of Birth, (Street and Number) No 1042 Central Ave
5. Full Name of Mother, Martha Hebbert
6. Mother's Maiden Name, Martha Nelzel
7. Mother's Birthplace, Germany
8. Full Name of Father, George Hebbert
9. Father's Occupation Tailor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Chas Lowe

Address, No 1054 Harford Ave

Remarks, Bal Md

1895

8950005685

Wm. J. C. Dulany Co., City Printers and Stationers.

Medical Attendant will be required to report the birth of any child born without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately upon the birth of such child, it shall become the duty of the person or persons in attendance to report the birth to the Commissioner of Health, in the manner prescribed by the rules and regulations of the Board of Health, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69276

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth,* Oct 12th 1895
4. *Place of Birth, (Street and Number)* 2814 O'Donnell
5. *Full Name of Mother,* Margaret Fields
6. *Mother's Maiden Name,* Margaretta Meyer
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Charles Fields
9. *Father's Occupation,* Engineer
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, Anna Kubach Midwife

Address, 2838 Elliott

Remarks,

8 9 5 0 0 0 6 6 8 6

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child or children to give notice of the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to give such notice, or who shall violate any other provision of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. (69277)

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 4th

1. Sex, (~~state whether~~ male ~~or female~~)
2. Race or Color, (~~if not of the~~ white race)
3. Date of Birth, Oct 12/95
4. Place of Birth, (Street and Number) 1101 Calhoun St.
5. Full Name of Mother, Susanna Neil
6. Mother's Maiden Name, Gillespie
7. Mother's Birthplace, Rochester N.Y.
8. Full Name of Father, Jno. H. Neil
9. Father's Occupation Student
10. Father's Birthplace, Scotland

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, 1502 N. Gay St

Remarks, [illegible]

8950006687

shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person in charge of the house or place where such birth shall occur, or should no other person be in attendance upon the mother, immediately after the birth, to report the birth to the Board of Health. It shall become the duty of the person or persons of each family to report its birth to the Commissioner of Health. It shall be the duty of the person or persons of each family to report its birth to the Commissioner of Health. It shall be the duty of the person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69278

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct 12 1895

4. Place of Birth, (Street and Number) 2913 Hudson

5. Full Name of Mother, Annie Costello

6. Mother's Maiden Name, N S

7. Mother's Birthplace, Henry Steele

8. Full Name of Father, Freeman R. R.

9. Father's Occupation N S

10. Father's Birthplace, E. Williamsbrd

Name of Medical Attendant, or other person who makes this Return. 1114 Chesapeake St.

Address,

Remarks.

8950006683

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69279

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 12th 1895
4. *Place of Birth, (Street and Number)* 409 W Stricker St Balto Md
5. *Full Name of Mother,* Sadie L Marriott
6. *Mother's Maiden Name,* Sadie L East
7. *Mother's Birthplace,* Lemont Va
8. *Full Name of Father,* W E Marriott
9. *Father's Occupation* Baker
10. *Father's Birthplace,* Balto Co Md

Name of Medical Attendant, or other person who makes this Return,

Address, Mrs Mary J. Shockey

Remarks, 731 Cleveland St

1 8 9 5 0 0 0 6 6 8 9

Wm. J. C. Dulany Co., City Printers and Stationers.

Under Ch. 6 of the Code of Public Laws, Art. 43, Sec. 1, it is made a misdemeanor for any person who shall have attended at the birth of any child within this State, to neglect or refuse to make a return of such birth, in the manner and within the period hereinafter specified; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CERTIFICATE AMENDED 3-1-66

RETURN OF A BIRTH. 69380

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore, City.

NAME: Roland Calvert Haywood

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (1) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Col'd
3. *Date of Birth,* Oct 12 1890
4. *Place of Birth, (Street and Number)* 567 W Hoffman St
5. *Full Name of Mother,* Mary Elizabeth H ~~Hayward~~ Haywood
6. *Mother's Maiden Name,* Mary Elizabeth Sampson
7. *Mother's Birthplace,* West River A. A. Co Md
8. *Full Name of Father,* James Henry ~~Hayward~~ Haywood
9. *Father's Occupation* Coachman
10. *Father's Birthplace,* Davidsonvill A. A. Co Md

Name of Medical Attendant, or other person who makes this Return, Mary J Fossett

Address, 563 W Dolphin St

Remarks, No

8950006690

Commissioner of Health. In case the birth of any child should occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69281

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct. 12/1895
4. *Place of Birth, (Street and Number)* 1825 Montrose st.
5. *Full Name of Mother,* Kate Casper
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* A. A. Casper
9. *Father's Occupation* Butcher
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, M. H. Carter

Address, 1800 N. Eutaw

Remarks,

1 8 9 5 0 0 0 6 6 9 1

shall occur without the attendance of a physician or practioner of midwifery, or should so other person be in attendance upon the mother, immediately hereafter, it shall become the duty of the person or parents of such child to report the birth to the Board of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69282

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Oct. 12, 1895
4. *Place of Birth, (Street and Number)* 410 W. Hoffman St.
5. *Full Name of Mother,* Laura Harvey
6. *Mother's Maiden Name,* Laura Harvey
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* William Johnson
9. *Father's Occupation* Hostler
10. *Father's Birthplace,* Va

Name of Medical Attendant, or other person who makes this Return. Louis Eaton M.D. Res. Physician

Address, Maternity Maryland Med. College

Remarks, 410 W. Hoffman St.

8 9 5 0 0 0 6 6 9 2

Wm. J. C. Dulany Co., City Printers and Stationers.

attendance upon the mother, or assistance at a parturition, or shall in no other way be present at the birth of a child, shall be required to report the birth to the Registrar of Vital Statistics, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69383

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Mary (Victor) ~~Victaravich~~ Ellen Victaravich

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 12th of October 95
4. Place of Birth, (Street and Number) 114 N. Monroe St
5. Full Name of Mother, Emma (Victor) ~~Victaravich~~
6. Mother's Maiden Name, Emma (~~Victaravich~~) Frey
7. Mother's Birthplace, Lattvia (Victor)
8. Full Name of Father, Vincent (~~Victaravich~~)
9. Father's Occupation Tailor
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Friederike Keuler Midwife

Address, 2116 W Pratt St

Remarks,

8950006693

Wm. J. C. Dulany Co., City Printers and Stationers.

Any person who shall make false or fraudulent statements in the above or any other return required by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall hereafter, neglect to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69284

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 12th 1895
4. *Place of Birth, (Street and Number)* 112 Market Alley
5. *Full Name of Mother,* Sophie Berman
6. *Mother's Maiden Name,* Sarah Berman
7. *Mother's Birthplace,* Bedditchev
8. *Full Name of Father,* Joseph Berman
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Bedditchev

Name of Medical Attendant, or other person who makes this Return, Jetta Klawansky

Address, 1022 East Brubard St.

Remarks,

8 9 5 0 0 0 6 6 9 4

Wm J C. Dulany Co., City Printers and Stationers.

ditchance upon the mother immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, under penalty of ten dollars for each offence, if such report shall not be made within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69285

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Oct. 12th 1895
4. *Place of Birth, (Street and Number)* 2113 Penna Ave.
5. *Full Name of Mother,* Bridget Neff
6. *Mother's Maiden Name,* Bridget Dougherty
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Arthur Neff
9. *Father's Occupation,* Horse shoer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return. Wilhelmine Maennel

Address, Machoeffe. 113 Fulton St.

Remarks,

8 4 5 0 0 0 6 6 9 5

Shall be lawful for the attendance of a physician or practitioner of midwifery, in case the birth of any child shall be neglected to be reported to the Registrar of Vital Statistics, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child or children, in the manner and within the period required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69286

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 12 d. 1895
4. Place of Birth, (Street and Number) 112 Harrison St
5. Full Name of Mother, Lena Levington
6. Mother's Maiden Name, Lena Trogan
7. Mother's Birthplace, Russia
8. Full Name of Father, Louis Levington
9. Father's Occupation Store keeper
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. Mrs H Lehman

Address, 119 S Lombard St

Remarks, 8950006696

Wm. J. C. Dulany Co., City Printers and Stationers.

Any person who shall neglect or refuse to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69287

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* ~~White~~ female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* October 13th 95
4. *Place of Birth, (Street and Number)* 1428 Bank st.
5. *Full Name of Mother,* Mary Mc. Adams
6. *Mother's Maiden Name,* " Justus
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Frank Mc. Adams
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

8950006697

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, by mail or otherwise, within twenty-four hours, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69288

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 october monday

1. *Sex, (state whether male or female)* male third child
2. *Race or Color, (if not of the white race)* colord
3. *Date of Birth,* 13 october
4. *Place of Birth, (Street and Number)* mecubin st 1715
5. *Full Name of Mother,* Ellar Brown
6. *Mother's Maiden Name,* Ellar Eller
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* James Brown
9. *Father's Occupation* Hucters
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, George ams brooks

Address, 1751 Mulnkin

Remarks, no remarks

8 9 5 0 0 0 6 6 9 8

Will occur without the attendance of a physician or practitioner of midwifery, in this city. In case the birth of any child occurs without the attendance upon the mother, immediately hereafter, it shall become the duty of the person, or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine or fine (1) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69289

GIVEN NAME ADDED 7/11/61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: M. Betty Claypool

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 13 Oct 1895
4. Place of Birth, (Street and Number) 1420 Ditmars ave
5. Full Name of Mother, Elizabeth Claypool
6. Mother's Maiden Name, " Reinwald
7. Mother's Birthplace, Balto
8. Full Name of Father, Henry F. Claypool
9. Father's Occupation Cook
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Geo. L. Brooks

Address, 1048 Druid Hill Ave

Remarks, Corny Well

1 8 9 5 0 0 0 6 6 9 9

Wm. J. C. Dulany Co., City Printers and Stationers.

Every day, and every month to the office of the Commissioner of Health. In cities the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69290

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 13th 1895
4. Place of Birth, (Street and Number) 1007 Watson St.
5. Full Name of Mother, Rachel Polecoff
6. Mother's Maiden Name, Rachel Polecoff
7. Mother's Birthplace, Balto
8. Full Name of Father, Polecoff Polecoff
9. Father's Occupation, Brisser
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Jetta Blauvelt

Address, 1022 East Lombard St.

Remarks,

8950006700

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, or person in charge of the house where such birth occurred, to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69291

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 13th 1895
4. Place of Birth. (Street and Number) 1613 Eastern Ave
5. Full Name of Mother, Connie Dieckmeyer
6. Mother's Maiden Name, Connie Armand
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Joseph Dieckmeyer
9. Father's Occupation, Laboring
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mary Engelhart

Address, 1726 Eastern Ave Balto Md

Remarks,

8950006701

Wm J C. Dulany Co., City Printers and Stationers.

In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the mother, if able, shall become the person or parents of such child to report its birth to the Commissioner of Health, but in case the mother shall be unable to report such birth, the person or persons who shall have charge of such child shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 69292

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) B
3. Date of Birth, Oct 13th 1895.
4. Place of Birth, (Street and Number) 907 Necessity Alley
5. Full Name of Mother, Lizzie Bennett.
6. Mother's Maiden Name, Lizzie Ryan
7. Mother's Birthplace, City
8. Full Name of Father, John Bennett.
9. Father's Occupation, Laborer
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address,

Remarks,

1 8 9 5 0 0 0 6 7 9 2

RETURN OF A BIRTH. 69293

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 13 of October
4. *Place of Birth, (Street and Number)* 105 Washington st
5. *Full Name of Mother,* Annie Smith
6. *Mother's Maiden Name,* Annie Thek
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Edward Smith
9. *Father's Occupation*
10. *Father's Birthplace,* Palermo

Name of Medical Attendant, or other person who makes this Return, Luise Sirtore

Address, 101 Durham st

Remarks.

8750306703

Wm. J. C. Dulany Co., City Printers and Stationers.

Any person who shall take the attendance of a physician or practioner of midwifery, or should no other person be in attendance when the mother shall immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69294

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 13th. 1895
4. *Place of Birth, (Street and Number)* 707 N. Fulton Ave.
5. *Full Name of Mother,* Carrie Harrison
6. *Mother's Maiden Name,* Carrie Berry
7. *Mother's Birthplace,* Baltimore, Md
8. *Full Name of Father,* Jos. E. Harrison
9. *Father's Occupation* Decorator
10. *Father's Birthplace,* Connecticut

Name of Medical Attendant, or other person who makes this Return, Wilmer Benton M.D.

Address, S. W. Cor. Calvert & Preston St.

Remarks,

8 9 5 0 0 0 6 7 0 4

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance, then the mother or father of the child, or any person or persons who shall neglect to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 5-14-57

RETURN OF A BIRTH 69295

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Marguerite Virginia Hunter

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 13th 1895
4. *Place of Birth, (Street and Number)* 110 Aisquith St
5. *Full Name of Mother,* Emma Hunter
6. *Mother's Maiden Name,* " Stinson
7. *Mother's Birthplace,* Baltimore, Md.
8. *Full Name of Father,* David J Hunter
9. *Father's Occupation,* Penna Rail Road Engineer
10. *Father's Birthplace,* Smyrna Delaware

Name of Medical Attendant, or other Person who makes this Return. D W Cathell MD

Address, 1308 N Charles St

Remarks,

If any child shall be born without the attendance of a Physician or practitioner of midwifery or the child, in case it be in attendance upon the mother, immediately thereafter shall become the duty of the person or persons or other person to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense to be recovered as other fines and forfeitures are recoverable.

8 9 5 0 0 0 6 7 0 5

RETURN OF A BIRTH. 69296

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Octo 13th 1895
4. Place of Birth, (Street and Number) 422 N. Calvert
5. Full Name of Mother, Mary Gerahty
6. Mother's Maiden Name, " Riley
7. Mother's Birthplace, Balto
8. Full Name of Father, Michael Geraty
9. Father's Occupation, Sailor
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Geo B Reynolds M.D.

Address, 711 N Calvert St

Remarks,

8950006706

attendance upon the mother, immediately thereafter it shall become the duty of the person or persons, being in any such place or house, to report the birth to the Board of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, the Commissioner of Health, in the manner and within the time required, and child to report the birth to the Commissioner of Health, in the manner and within the time required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69297

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 13/95
4. Place of Birth, (Street and Number) 518 Campbell
5. Full Name of Mother, Annie Hagerty
6. Mother's Maiden Name. " Baker
7. Mother's Birthplace. Baltimore
8. Full Name of Father. John L. Hagerty
9. Father's Occupation engineer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, H. C. Ruff MD

Address. 523 Scott

Remarks.

8950006707

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person so in attendance to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69298

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 13 of Oct 1895
4. *Place of Birth, (Street and Number)* Fairmount ave 2028
5. *Full Name of Mother,* Elenora Mayo
6. *Mother's Maiden Name,* Baldwin
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* J. Lee P. Mayo
9. *Father's Occupation* Can maker
10. *Father's Birthplace,* New bern N C

Name of Medical Attendant, or other person who makes this Return, M A Dawson

Address, 2624 E Pratt St

Remarks, Co mp Well.

one corp $25.00 ~~to~~ 708 [illegible]

put on [illegible]

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69299

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3th Child.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth, 13 Okt 1895
4. Place of Birth, (Street and Number) Garrett ave. № 1429.
5. Full Name of Mother, Johanna Eoslinger
6. Mother's Maiden Name, Johanna Abellema
7. Mother's Birthplace, Baltimore
8. Full Name of Father. Christian Eoslinger
9. Father's Occupation Harpener
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return. Lizzie Schaeffler.

Address. C Fortan № 1408.

Remarks,

8750094709

Ordinance upon the mother immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69300

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* W Lite
3. *Date of Birth,* Oct. 13th 95
4. *Place of Birth, (Street and Number)* #520 Jefferson Ave Waverly
5. *Full Name of Mother,* Margaret E. Parsons
6. *Mother's Maiden Name,* " " Miles
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James J. Parsons
9. *Father's Occupation* Baltimore
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, R L Rankin MD

Address, 511 Jefferson Ave Waverly

Remarks,

6950006710

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report the birth under oath, in the manner and within the period above prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69301

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Femal 2 Twins
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 13th 1895
4. Place of Birth, (Street and Number) 9 Carll Ave
5. Full Name of Mother, Rose Emma Thomson
6. Mother's Maiden Name, Rose Emma Parrish
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, John Henry Parrish
9. Father's Occupation Brickclare
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Elizabeth Hicks

Address,

Remarks,

8950006711

shall occur without the attendance of a physician, or shall be attended by a person other than a regular practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth of any child, the person in charge of such child shall report its birth to the Commissioner of Health, in the manner and within the period prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69302

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, October the 13 Baltimore on D 1895
4. Place of Birth, (Street and Number) Myrtle ave No 4 11
5. Full Name of Mother, Lisa W. Hill
6. Mother's Maiden Name, Lisa Colvart
7. Mother's Birthplace, West river
8. Full Name of Father, Charles Hill
9. Father's Occupation, polishing marble
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Mary Barnes

Address, 1052 Oxford st

Remarks, 8950006712

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be present to attend upon the mother immediately thereafter, it shall become the duty of the nearest relative of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 69303

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 12 Oct 95
4. Place of Birth, (Street and Number) 433 E. Clement
5. Full Name of Mother, Josie Cook
6. Mother's Maiden Name, Sanders
7. Mother's Birthplace, Richmond Va
8. Full Name of Father, Joseph Cook
9. Father's Occupation Shipping Carpenter
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Mrs E. L. Brooks

Address, 1828 Eager St

Remarks, Living Well

1 8 9 5 0 0 0 6 7 1 3

shall occur without the attendance of a physician or practioner of midwifery, or if such occurs, no other person shall be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in writing, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be and shall be adjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69307

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 13th of October 95
4. *Place of Birth, (Street and Number)* 2123 Hollins St.
5. *Full Name of Mother,* Elisabeth Fribüll
6. *Mother's Maiden Name,* Elisabeth Richstein
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Reinhold Fribüll
9. *Father's Occupation* Brushmaker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Friederike Keesler Midwife

Address, 211½ W Pratt St.

Remarks,

8 9 5 0 0 0 6 7 1 4

Shall occur within the attendance of a physician, or if shall become the duty of any person to report its birth to the Commissioner of Health, in the manner provided in this section shall be subject upon the mother, immediately after the birth of any child, and the person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69305

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth.* 13 October
4. *Place of Birth, (Street and Number)* first St. 1128 Highlantown
5. *Full Name of Mother,* Augusta Richter
6. *Mother's Maiden Name,* Augusta Wagner
7. *Mother's Birthplace,* Germany
8. *Full Name of Father.* Henry Richter
9. *Father's Occupation* Butcher
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Burkard

Address. Boulding St. 1006 Canton

Remarks.

B950L06715

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] court without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69306

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1th Ford Girl

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) with
3. Date of Birth, 13 Oktober 1895
4. Place of Birth, (Street and Number) Eastern Ave 1800
5. Full Name of Mother, Katharine Reimer
6. Mother's Maiden Name, — — — Lehnut
7. Mother's Birthplace. Germany
8. Full Name of Father, Albert Reimer
9. Father's Occupation Brücklager
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Henette Kiran Mitwife

Address, 1922 E. Fayette Street

Remarks.

8 9 5 0 _ 0 6 7 1 6

Shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 10-22-54

RETURN OF A BIRTH. 6937

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Pearl Olivia ~~Ruby~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Oct. 13th 1895
4. Place of Birth, (Street and Number) 22 Plymouth Ave. West Woodberry
5. Full Name of Mother, Josephine Ruby
6. Mother's Maiden Name, Josephine Morrison
7. Mother's Birthplace, Balt. Co. Md.
8. Full Name of Father, Jeremiah V. Ruby
9. Father's Occupation, House painter
10. Father's Birthplace, Carroll Co. Md.

Name of Medical Attendant, or other person who makes this Return, Geo. T. Showers, M.D.

Address, 421 Roland Ave. Hampden

Remarks,

8 Y 5 0 0 0 6 7 1 7

Wm J. C. Dulany Co., City Printers and Stationers.

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69308

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, October 13, 1895.
4. Place of Birth, (Street and Number) 211 Huntingdon av.
5. Full Name of Mother, Mary Elizabeth Wilson.
6. Mother's Maiden Name, Baker.
7. Mother's Birthplace, Md.
8. Full Name of Father, William Thomas Wilson.
9. Father's Occupation Engineer.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Elizabeth Mitchell M.D.

Address, 291 Chestnut av.

Remarks,

8950006718

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such children to report its birth to the Commissioner of Health, in the manner and within the time required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or a midwife, or should no other person be in attendance upon the mother, immediately thereafter, the person, or the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period herein prescribed, the person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69209

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 12 Oct 1905
4. Place of Birth, (Street and Number) 19 N. S. Clarke St
5. Full Name of Mother, Margaret E. Way
6. Mother's Maiden Name, " " Edwards
7. Mother's Birthplace, Balto Co
8. Full Name of Father, John E. Way
9. Father's Occupation Engineer B&O RR
10. Father's Birthplace, Balto Co

Name of Medical Attendant, or other person who makes this Return, Mrs S. R. Brooks

Address, 1723 Eight St

Remarks, Boing Well

8 9 5 0 0 0 6 7 1 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69310

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 13th
4. *Place of Birth, (Street and Number)* 1704 Druid Hill Ave
5. *Full Name of Mother,* Mrs Minna Harrison
6. *Mother's Maiden Name,* " Duvall
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Henry L Harrison
9. *Father's Occupation,* Bookkeeper
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return. W. F. Hillman, M.D.

Address, 1001 Eden Ave

Remarks,

8 9 5 0 0 0 6 7 2 0

Every death to the office of the Commissioner of Health, a certificate between the first and fifth days of every month to the office of the Commissioner of Health, of every child born within the city of Baltimore, shall be made by the attending physician, or in default of such attendance by other person, or the parents of such child, or person in charge of the house, or the person in charge of the place where such birth shall occur without the attendance of a physician or the attendance of midwives, or in default of such attendance by other person, or the parents of such child, to report the same to the Commissioner of Health, in the manner and within the period above required, and shall become the duty of the person or parents of such child to report the same to the Commissioner of Health, in the manner and within the period above required, and upon failure of any person who shall hereafter fail to comply with the provisions of this section, shall be subject to the penalty of ten (10) dollars for each offence, to be recovered in other cases and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69311

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) only one

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* colloned
3. *Date of Birth,* oct the. 13 1895
4. *Place of Birth, (Street and Number)* 1116 Brighton St
5. *Full Name of Mother,* Mrs Sarah Robison
6. *Mother's Maiden Name,* Miss " Boothe
7. *Mother's Birthplace,* Pittsburg Pa
8. *Full Name of Father,* Rev Perry Robison
9. *Father's Occupation.* Ministes in charge
10. *Father's Birthplace,* Galena Kent Co. Md

Name of Medical Attendant, or other person who makes this Return. Mrs Fannie Myers

Address, 722 Bradley St Balto

Remarks,

8950006721

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person of such attendance upon the mother immediately thereafter, it shall become the duty of the person or persons of such child to report the birth to the office in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 69312

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 13 October 1895
4. *Place of Birth, (Street and Number)* 1415 E. Pratt St
5. *Full Name of Mother,* Fannie Shapiro
6. *Mother's Maiden Name,* Hevlinski
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Adler Shapiro
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, E. Shipman

Address, 112 Baltimore St

Remarks,

8950006722

This form is issued to a certificate by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person or persons so in attendance within the period above specified, to give notice of such fact to the Commissioner of Health, in the manner and form prescribed by the rules and regulations of the Board of Health, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, then the mother of the child, if able, shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be and be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69314

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) fourth

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 13 of October 1895
4. Place of Birth, (Street and Number) 224 S Caroline St
5. Full Name of Mother, Dora Blumental
6. Mother's Maiden Name, — Klavanski
7. Mother's Birthplace, Kovene state Russia
8. Full Name of Father, Benjamen Blumental
9. Father's Occupation, Tailor
10. Father's Birthplace, Kovene state Russia

Name of Medical Attendant, or other person who makes this Return, H. Flinder

Address, 143 N. Front St

Remarks,

8950006723

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69814

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 13 October
4. Place of Birth, (Street and Number) S. Broadway 805
5. Full Name of Mother, Stanislawa Pelnik
6. Mother's Maiden Name, Lasharowska
7. Mother's Birthplace, Pole
8. Full Name of Father, Joseph Pelnik
9. Father's Occupation Workman
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return, Mary Brett

Address, S. Bond St. 828

Remarks,

8 9 5 0 0 0 6 7 2 4

Third day of each and every month to be sent to the office of the Commissioner of Health. In case the birth of any child shall occur within the limits of Baltimore City, and no physician or midwife, shall be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69315a

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 13th of Oktober 95

4. *Place of Birth, (Street and Number)* 2022 Christian St

5. *Full Name of Mother,* Bese Berkoke

6. *Mother's Maiden Name,* Bese Buchowitzki

7. *Mother's Birthplace,* Pole

8. *Full Name of Father,* Isak Berkoke

9. *Father's Occupation* Cigarmaker

10. *Father's Birthplace,* Pole

Name of Medical Attendant, or other person who makes this Return, Friederike Keuler Midwife

Address, 2116 W. Pratt St

Remarks,

89500006725

[illegible] in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 69316

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 13 1895
4. *Place of Birth, (Street and Number)* 2003 Canton ave
5. *Full Name of Mother,* Mary Andrews
6. *Mother's Maiden Name,* Mary Wallace
7. *Mother's Birthplace,* Pennsylvania
8. *Full Name of Father,* J. H. Andrews
9. *Father's Occupation,* Cigar Maker
10. *Father's Birthplace,* Pennsylvania

Name of Medical Attendant, or other person who makes this Return, W. Clyde Burns, M.D.

Address, 1126 E. Fayette

Remarks, Child died from asphyxiation in protracted labor

6 Y 5 0 0 0 6 7 2 6

WM. J. H. DULANY & CO., CITY PRINTERS AND STATIONERS

Every person who shall be present at the birth of a child, or who shall be called to report its birth to the Commissioner of Health, in the manner and within the period above prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be and hereby are declared to be guilty of a misdemeanor, and shall be punished by a fine not exceeding five hundred dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the presence of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately preceding, or at the time of the birth of such child, the mother herself is hereby required to report its birth to the Commissioner of Health, in the manner and within the period above prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be and hereby are declared to be guilty of a misdemeanor, and shall be punished by a fine not exceeding five hundred dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69317

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 13/95
4. Place of Birth, (Street and Number) Maternity. 113+115 N. Lombard
5. Full Name of Mother, Myrtle Swanner
6. Mother's Maiden Name, Myrtle Swanner.
7. Mother's Birthplace, Maryland
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Chas. E. Brack M.D.

Address, 113+115 N. Lombard St.

Remarks,

1 8 9 5 0 0 0 6 7 2 7

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69318

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 13th 1895
4. *Place of Birth, (Street and Number)* Maternity 113 + 115 N. Lombard
5. *Full Name of Mother,* Lou Lightner
6. *Mother's Maiden Name,* Lou Lightner
7. *Mother's Birthplace,* W. Va.
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Chas. E. Brack M.D.

Address, 113 + 115 N. Lombard.

Remarks,

1 8 9 5 0 0 0 6 7 2 8

Any person who shall neglect or refuse to make such return every man to be a office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69319

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 14 oct 1895
4. Place of Birth, (Street and Number) 20 Carls St
5. Full Name of Mother, Minnie Meads
6. Mother's Maiden Name, Minnie Hostle
7. Mother's Birthplace, Balti
8. Full Name of Father, Henry Meads
9. Father's Occupation Butcher
10. Father's Birthplace, Balti city

Name of Medical Attendant, or other person who makes this Return, Mary E Peregoy

Address, No 765 Frederick Ave

Remarks, 8950003729 City

Any person without the attendance of a physician, or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 09820

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 14. October
4. *Place of Birth, (Street and Number)* 1423 Clement st.
5. *Full Name of Mother,* Mamie Hildebrand
6. *Mother's Maiden Name,* " Fitzsimons.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Hildebrand
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Geo. J. Mafum

Address, 1321 Hull st. Locust Point

Remarks,

1 8 9 5 0 0 0 6 7 3 0

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or parents neglecting or refusing so to report shall be deemed guilty of a misdemeanor, and subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 69321

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th.

1. Sex, (state whether male or female) Female.

2. Race or Color, (if not of the white race) White.

3. Date of Birth, Oct 14th 1895.

4. Place of Birth, (Street and Number) #1213 Stalbrook St.

5. Full Name of Mother, Eva Hinkle.

6. Mother's Maiden Name, Eva Post.

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Henry Hinkle.

9. Father's Occupation, Moulder.

10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other Person who makes this Return Mrs E A White.

Address, #940 Eutaw St.

Remarks,

1895 0 0 9 3 7 3 1

& CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 69322

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 14 October
4. *Place of Birth, (Street and Number)* Shakspear str 1604
5. *Full Name of Mother,* Teresa Eser
6. *Mother's Maiden Name,* Grim
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Eser
9. *Father's Occupation* Workman
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Marg Oertl

Address, S Bond st. 800

Remarks,

1 8 9 5 0 0 0 6 7 3 2

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or regular midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period herein prescribed, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69323

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Oct. 14, 1895
4. Place of Birth, (Street and Number) 734 Hanover st
5. Full Name of Mother, Teresa Vordenberge
6. Mother's Maiden Name, " Keider
7. Mother's Birthplace, Balto. City
8. Full Name of Father, Henry L. Vordenberge
9. Father's Occupation, Saloon-Keeper
10. Father's Birthplace, Baltimore City
    Name of Medical Attendant, or other person who makes this Return, J. Edward Janney M.D.
    Address, 837 N. Eutaw st
    Remarks,

8950006733

shall occur without the attendance of a physician or practitioner of midwifery, it should be the duty of the person in attendance upon the mother, immediately thereafter, to make the return of the birth of any child as herein required, and if any such person or persons shall neglect or refuse to make such return, or shall knowingly make a false or fraudulent return, or shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 12-28-55

RETURN OF A BIRTH. 69324

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Stanley Price Freeman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Oct 14-95
4. *Place of Birth, (Street and Number)* 1612 Jefferson St
5. *Full Name of Mother,* Mary Annie H. Freeman
6. *Mother's Maiden Name,* " " Harris
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* James E. Freeman
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Mary A. Allwell

Address, 1438 N. Bond St

Remarks,

8950006734

attendance upon the mother immediately thereafter, it shall become the duty of the person or persons in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other dues and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69325

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 14 1893
4. *Place of Birth, (Street and Number)* 1401 Clive St
5. *Full Name of Mother,* Mannie Kiney
6. *Mother's Maiden Name,* Mannie Kelly
7. *Mother's Birthplace,* Balti
8. *Full Name of Father,* Harry Kiney
9. *Father's Occupation* Hatelman
10. *Father's Birthplace,* Balti

Name of Medical Attendant, or other person who makes this Return, Dr. C. Heath

Address, 213 E. Hoffman St

Remarks, Caring Well

1 8 9 5 0 0 0 6 7 3 5

Third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall not be reported as above, the person or persons required to report such birth, or any person in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons required to report such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69326

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Oct 14 — 1895
4. Place of Birth, (Street and Number) 614 Ensor St.
5. Full Name of Mother, Mary Doerflein
6. Mother's Maiden Name, Schmidt
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Conrad Doerflein
9. Father's Occupation Door Keeper
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who make this Return, Mary Stein

Address, 1427 E. Pratt St.

Remarks,

8 9 5 0 0 0 6 7 3 6

shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, it shall be the duty of the person or persons present and aware of such birth to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69327

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct. 14/05
4. *Place of Birth, (Street and Number)* 1746 So. Lombard Sta
5. *Full Name of Mother,* Johanna Baile
6. *Mother's Maiden Name,* " Beckman
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* John Baile
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Lough Sta

Remarks,

8950006737

shall occur within every month to the office of the Commissioner of Health. In case of a birth of any child attended upon by a physician or practioner of midwifery, or should no other person be found to report the birth of any child to report it, the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report the birth in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69328

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct. 14th 1895
4. *Place of Birth, (Street and Number)* #115 W. Ostend St
5. *Full Name of Mother,* Annie Livingston Lloyd
6. *Mother's Maiden Name,* Annie Livingston Beale
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Edwin Thomas Lloyd
9. *Father's Occupation* Lawyer
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, Caroline Moore

Address, 49 W. West St

Remarks,

8950006738

third day of each and every month to the office of the Commissioner of Health, a true and correct certificate of the place of birth; and the shall occur within the month, under oath or affirmation, to the office of the Commissioner of Health, in the manner and form as aforesaid, the place of birth of any child attendance upon the mother, under oath or affirmation, to the office of the Commissioner of Health, in the manner and form as aforesaid, and child to report its birth to the Commissioner of Health. It shall become the duty of the person or persons so to be in any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69329

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 14th October 1895.
4. *Place of Birth, (Street and Number)* [illegible]
5. *Full Name of Mother,* Molley Osburne
6. *Mother's Maiden Name,* Molley Osburne
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Walter Carmine
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, Mary L Swayne

Address, 824 Canton Street

Remarks,

1895 0006739

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in writing, specifying the place of birth, and if any other person or persons shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 69330

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth,* Oct 14/95
4. *Place of Birth, (Street and Number)* 1082 N. Front St
5. *Full Name of Mother,* Estella Carrington
6. *Mother's Maiden Name,* Estella Johnson
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George Carrington
9. *Father's Occupation,* Porter
10. *Father's Birthplace,* Brazil

Name of Medical Attendant, or other Person who makes this Return Edward G. MacKenzie M.D.

Address. Biddle & Eutaw Place

Remarks,

1 8 9 5 0 0 6 7 4 0

CITY PRINTERS AND STATIONERS.

birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, the duty of the person or persons in attendance upon the mother, or of a practitioner of midwifery, to report within the period above required, such child to report its birth to the Board of Health, then become the duty of the person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall be the duty of the father or other parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above stated, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69331

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Oct 14 – 1895
4. *Place of Birth, (Street and Number)* 1425 E. Pratt St.
5. *Full Name of Mother,* Hanna Hamburger
6. *Mother's Maiden Name,* Jasmonitz
7. *Mother's Birthplace,* Rusia
8. *Full Name of Father,* Louis Hamburger
9. *Father's Occupation* Baker
10. *Father's Birthplace,* Rusia

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1429 E. Pratt St.

Remarks,

1 8 9 5 0 0 0 6 7 4 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69332

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ——

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 14th 1895
4. Place of Birth, (Street and Number) 1028 Cranberry St.
5. Full Name of Mother, Annie Glaser
6. Mother's Maiden Name, Annie Heldman
7. Mother's Birthplace, Russia
8. Full Name of Father, Jake Glaser
9. Father's Occupation Taylor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Clara Nason,

Address, 1004 E. Lombard St.

Remarks,

6950006742

Wm. J. C. Dulany Co., City Printers and Stationers.

Sec. 8. Without the attendance of a physician or practioner of midwifery, or without some other person be in attendance upon the mother, there shall be no forfeiture, but in such case the person or persons of such child shall report its birth to the Commissioner of Health. It shall become the duty of the person present to be in attendance upon the mother, and who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 69333

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, *&c.*) 1st

1. *Sex*, (*state whether male or female*) Male
2. *Race or Color*, (*if not of the white race*) white
3. *Date of Birth*, Oct 14 - 95
4. *Place of Birth*, (*Street and Number*) 1304 Cauill. Ave. Waverly
5. *Full Name of Mother*, Lizzie S. German
6. *Mother's Maiden Name*, Lizzie S. Reed
7. *Mother's Birthplace*, Balto. Co. Md.
8. *Full Name of Father*, E. Wm. German
9. *Father's Occupation*, Car Conductor
10. *Father's Birthplace*, Md.

Name of Medical Attendant, or other person who makes this Return. H. V. Riley

Address, 1501 E. North Ave.

Remarks,

1 8 9 5 0 0 0 6 7 4 3

Blank cover without the attendance of a physician or Practitioner of midwifery or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person in charge of such child to report its birth to the Commissioner of Health, in manner and within the period above required, and any such person or persons who shall wilfully neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69384

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Oct. 14, 1895
4. Place of Birth, (Street and Number) 410 N. Eutaw St.
5. Full Name of Mother, Charlotte Douglass
6. Mother's Maiden Name, Charlotte Douglass
7. Mother's Birthplace, Md.
8. Full Name of Father, William Payne
9. Father's Occupation, Stone-cutter
10. Father's Birthplace, Va.

Name of Medical Attendant, or other person who makes this Return. Louis Eaton M.D. Res.

Address, Maryland Maternity Med. College

Remarks, 410 N. Eutaw St.

1895 0006744

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practioner of the Healing Art, it shall be the duty of the Commissioner of Health, in case the birth of any child shall come to his knowledge, to cause the same to be registered, and to cause a certificate of such birth to be made and delivered to the parents of such child, or to the person in charge of such child, upon the mother's confinement, or, if such child be born in a lying-in hospital or other institution, to the officer thereof, in lieu of such certificate, to be delivered to the Commissioner of Health. In any such case the parents or other persons who shall have charge of such child shall be required to give the information required by this section, and any such person who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69335

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, October 14, 1895.
4. Place of Birth, (Street and Number) 155 Chestnut ave
5. Full Name of Mother, Rosa E. Sheridan.
6. Mother's Maiden Name, Kelly.
7. Mother's Birthplace, Md.
8. Full Name of Father, George W. Sheridan.
9. Father's Occupation Carpenter.
10. Father's Birthplace, ~~Md~~ Washington D.C.

Name of Medical Attendant, or other person who makes this Return, Elizabeth Mitchell M.D.

Address, 291 Chestnut ave

Remarks,

1895 0006745

third day of each and every month to be made by the person or persons who shall be in the form of a certificate between the first and attendance upon the mother, immediately preceding the birth of such child, or should no other person be in attendance upon the mother, immediately preceding the birth of such child, the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

shall schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, the father, or other person, in the absence of the father, shall be responsible for the report of such birth, and the mother of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69836

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) ~~Female~~ male
2. Race or Color, (if not of the white race) white ✓
3. Date of Birth, October 14 1895 ✓
4. Place of Birth, (Street and Number) 1606 N Bond St ✓
5. Full Name of Mother, Annie Sellers ✓
6. Mother's Maiden Name, Annie Jacobs ✓
7. Mother's Birthplace, Pennsylvania ✓
8. Full Name of Father, Addison M. Sellers ✓
9. Father's Occupation Coal Dealer ✓
10. Father's Birthplace, Pennsylvania ✓

Name of Medical Attendant, or other person who makes this Return, J. T. Marteret MD

Address, 1701 N Carolina St

Remarks,

8 9 5 0 0 0 6 7 4 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 69337

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 14, 1895
4. Place of Birth, (Street and Number) 1035 W. Lombard
5. Full Name of Mother, Effie Lucretia Willhide
6. Mother's Maiden Name, Bittinger
7. Mother's Birthplace, Hanover, Pa.
8. Full Name of Father, Cornelius A. Willhide
9. Father's Occupation, Polisher
10. Father's Birthplace, Thermont, Md.

Name of Medical Attendant, or other person who makes this Return. John Hood, M.D.

Address, 16 S. Eilmar St.

Remarks, Fine baby.

1895006747

Chap. 1. Ordinances of Baltimore City, approved March 1, 1894, provides that a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the parents or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 69388

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Born The 14 of October 1895
4. Place of Birth, (Street and Number) 308 South Woodyear St Baltimore
5. Full Name of Mother, Emma R Cook
6. Mother's Maiden Name, Annie E Floyd
7. Mother's Birthplace, Baltimore Co
8. Full Name of Father, John R Cook
9. Father's Occupation, Shipping Clerk
10. Father's Birthplace, Jersey City

Name of Medical Attendant, or other person who makes this Return, Maggie C Waters 1816 W Fayette

Address,

Remarks,

1 8 9 5 0 0 0 6 7 4 8

shall occur without the attendance of a physician or regular midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69339

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Oct. 14 - 95
4. *Place of Birth, (Street and Number)* 104 Stockton St
5. *Full Name of Mother,* Clara Sawyer
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, M. R. Gorin

Address, 677 W Lombard St

Remarks,

1 8 9 5 0 0 0 6 7 4 9

shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately hereafter it shall become the duty of the parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 69340

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* B
3. *Date of Birth,* Oct 14 1895
4. *Place of Birth, (Street and Number)* 555 More
5. *Full Name of Mother,* Ida Johnson
6. *Mother's Maiden Name,* do do
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Unknown
9. *Father's Occupation,* do
10. *Father's Birthplace,* do

Name of Medical Attendant, or other person who makes this Return. Wm Gees

Address,

Remarks,

1895 06 06 750

Child day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur within the presence of a physician, or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, it shall be the duty of the person so attending or having charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above specified, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. G. SELBY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 69341

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color. (if not of the white race) White
3. Date of Birth, Sept 15/95
4. Place of Birth, (Street and Number) Maternity 113 & 115 N. Lombard.
5. Full Name of Mother, Annie Vischofsky
6. Mother's Maiden Name, Annie Vischofsky
7. Mother's Birthplace, Poland.
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Chas. E. Brack M. D.

Address, 113 & 115 N. Lombard.

Remarks,

8 9 5 0 0 0 6 7 5 1

Every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, the person in charge of such child shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above stated, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 69342

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (State whether male or female) Female
2. Race or color, (if not of the white race) White
3. Date of Birth, Oct 15/95
4. Place of Birth, (Street and Number) 1557 Clifton St
5. Full Name of Mother, Isabella Willis
6. Mother's Maiden Name, Isabella Sumstrum
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Willis
9. Father's Occupation, Plumber
10. Father's Birthplace, Talbot Co

Name of Medical Attendant, or other person who makes this return. Sime M Potts

Address, 1710 Retreat St

Remarks, City

1 8 9 5 0 0 0 6 7 8 2

RETURN OF A BIRTH. 6934

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* October 15, 1895
4. *Place of Birth, (Street and Number)* 1108 N. Central Ave
5. *Full Name of Mother,* Virginia Dorsell Jacobs
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Lewin Jacobs
9. *Father's Occupation,* Stone-cutter
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, De Lin T. Grimes M.D.

Address, 2100 - Md. Ave

Remarks,

shall occur without the attendance of a person or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, the nurse, or the person above provided, shall child to report its birth to the Commissioner of Health, in the manner and within the period above provided, and may, with person in charge of the house, also shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

1 0 4 5 0 0 0 4 7 5 3

SM J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

shall occur within the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69344

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 15, 1895 11 40 PM
4. Place of Birth, (Street and Number) 220 S. Bond St
5. Full Name of Mother, Emma M Smith
6. Mother's Maiden Name, Emma M Landin
7. Mother's Birthplace, Baltimore Maryland
8. Full Name of Father, Matthias J. Smith
9. Father's Occupation, Collector
10. Father's Birthplace, Baltimore Maryland

Name of Medical Attendant, or other person who makes this Return, R. W. Mansfield M.D.

Address, 129 S Broadway

Remarks,

8950006754

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69345

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 15th Oct
4. Place of Birth, (Street and Number) 274 N Castle st
5. Full Name of Mother, Barbara Weaver
6. Mother's Maiden Name, " Hagendorf
7. Mother's Birthplace, Balto
8. Full Name of Father, John Weaver
9. Father's Occupation Tailor
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Julia Groome

Address, 944 N. Gay st

Remarks,

6 9 5 0 0 0 6 7 5 5

Any of each and every month to the officers of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, the mother shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above prescribed. Any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69346

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 13th 95
4. *Place of Birth, (Street and Number)* 748 Penn Ave
5. *Full Name of Mother,* Irma Duncan
6. *Mother's Maiden Name,* " " Everind
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Wm F Duncan
9. *Father's Occupation* Painter
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, John T. McCarthy M.D.

Address, 626 George St.

Remarks,

8950006756

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person so attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such report, by any such person, who shall fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69847

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 15th
4. *Place of Birth, (Street and Number)* 2862 Lanvale St
5. *Full Name of Mother,* Sarah Elizabeth Rigby
6. *Mother's Maiden Name,* Sarah Elizabeth Geddis
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Lee Rigby
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary J Perry

Address, 2847 Lanvale St

Remarks,

8 4 5 0 0 0 6 7 5 7

Each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance who shall be under a pecuniary obligation to report the birth, then the person or persons in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the city, and at the office of the Commissioner of Health. In case the birth of any child attendance upon the mother shall be performed by a physician or practitioner of midwifery, or should no other person be in child to report its birth to the Commissioner of Health, it shall become the duty of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69348

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Herman ~~August~~ Feldmann

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 15/95
4. Place of Birth, (Street and Number) 536 N. Lee St
5. Full Name of Mother, maiden Mary Feldmann
6. Mother's Maiden Name, Mary Grattan
7. Mother's Birthplace, Balto
8. Full Name of Father, August Aug Feldmann
9. Father's Occupation, Clerk
10. Father's Birthplace, Balto. Md

Name of Medical Attendant, or other person who makes this Return, Ralph Blum

Address, 1041 Madison Ave

Remarks,

8950006758

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69349

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 9

1. *Sex*, (*state ~~whether male~~ or female*) female
2. *Race or Color*, (*if not of the white race*) colored
3. *Date of Birth*, 15 Day october 1955 15 minuts of 1 o clock
4. *Place of Birth*, (*Street and Number*) 904 Shuter Street
5. *Full Name of Mother*, Sarah Margretta Johnson
6. *Mother's Maiden Name*, — — — — — — — — — —
7. *Mother's Birthplace*, Baltimore City Md
8. *Full Name of Father*, Chas H. Stanford
9. *Father's Occupation*, labour and odd Jobs
10. *Father's Birthplace*, Baltimore City Md

Name of Medical Attendant, or other person who makes this Return. Josephine Cooper

Address, 921 Shuter Street

Remarks, mother and child are nicely

Balto 4500 6759

Any Registrar of Births who shall omit to make a return of the birth of any child every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person have the attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons shall forfeit and pay, for the violation of this section of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered in other lines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 69350

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13.

1. Sex, (State whether male or female) Male.
2. Race or color, (if not of the white race) White.
3. Date of Birth, Oct. 15th, 1895.
4. Place of Birth, (Street and Number) 828 N. Fulton Av.
5. Full Name of Mother, Virginia R. McGee.
6. Mother's Maiden Name, Bowdell.
7. Mother's Birthplace, Balto. City.
8. Full Name of Father, Jos. W. McGee.
9. Father's Occupation, Salesman.
10. Father's Birthplace, Balto. City.

Name of Medical Attendant, or other person who makes this Return. R. H. Goldsmith M. D.

Address, 647 N. Calhoun St.

Remarks, 1 8 9 5 0 0 0 6 7 6 0

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person in whose house or place of residence the mother, immediately after the birth, is or may be, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

D. SULLIVAN & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 69351

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 15, '95
4. Place of Birth, (Street and Number) 610 Smallwood St.
5. Full Name of Mother, Susan E. Wright
6. Mother's Maiden Name, Jeffers
7. Mother's Birthplace, Balto.
8. Full Name of Father, Clinton H. Wright
9. Father's Occupation. Physician
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. H. W. Webner M.D.

Address, 723 W. Lombard St.

Remarks, Delivered with Forceps.

8 9 5 0 0 0 6 7 6 1

Wm J. C. Dulany Co., City Printers and Stationers.

[illegible] day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, it shall be the duty of the person or persons so in attendance upon the mother, immediately upon the birth of the child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69 352

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct. 15th. 1895.

4. Place of Birth, (Street and Number) 811 Hare St.

5. Full Name of Mother, Mary A Keyes.

6. Mother's Maiden Name, Mary Smith.

7. Mother's Birthplace, Baltimore.

8. Full Name of Father, John A Keyes.

9. Father's Occupation Labor.

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary L Swayne

Address, 824. Canton St

Remarks,

1 8 9 5 0 0 0 6 7 6 2

shall occur without the attendance of a physician or other person or person who shall be in charge of such child or parent, or shall be the duty of the person above required, and attendance upon the mother immediately after the birth, or shall neglect or refuse to report such birth to the Commissioner of Health, in the manner and within the period above required, such person or persons so offending shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69358

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 15 - 95
4. *Place of Birth, (Street and Number)* Andre St 1205
5. *Full Name of Mother,* Sarah Snyder
6. *Mother's Maiden Name.* Cook
7. *Mother's Birthplace,* Martinsburg - West Virginia
8. *Full Name of Father,* George Snyder
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Baltimore - Md

Name of Medical Attendant, or other person who makes this Return, Johanna Jonske

Address, Garrett Aloe 1359

Remarks.

8 9 5 0 0 0 6 7 6 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69354

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, October 15 (8.45 P. M.)
4. Place of Birth, (Street and Number) 654 Mulberry Street
5. Full Name of Mother, Catherine
6. Mother's Maiden Name, Zimmerman
7. Mother's Birthplace, Blankenfels - Bayern - Germany
8. Full Name of Father, Ludwig Schumacher
9. Father's Occupation, Cigarmaker
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Kamel

Address, 632. N. Fremont Ave.

Remarks,

8950003764

Wm J C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or midwife, the mother or other person in charge of such child shall forthwith give notice of such birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69355

GIVEN NAME CHANGED 7-11-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Mary Elizabeth Dixon

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Oct. 15/95
4. Place of Birth, (Street and Number)	2643 Hanover st.
5. Full Name of Mother,	Mrs Wm E. Dixon
6. Mother's Maiden Name,	~~Minnie Pattison~~ Mary C. Pattison
7. Mother's Birthplace,	Dorchester Co. Md.
8. Full Name of Father,	Wm E. Dixon
9. Father's Occupation	Motorman
10. Father's Birthplace,	Balto. Md.
Name of Medical Attendant, or other person who makes this Return,	E. A. Pratt M.D.
Address,	2505 Penna. Ave
Remarks,	

8950 06765

said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, to the Registrar of Vital Statistics, at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the father or mother of such child to report its birth to the Commissioner of Health, by letter, within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69356

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Oct. 15th '95.
4. Place of Birth, (Street and Number) 1716 Morton St., Balto., Md.
5. Full Name of Mother, Mary Manester Ellen
6. Mother's Maiden Name, " " Johnson
7. Mother's Birthplace, Eastern Shore
8. Full Name of Father, Harry Carol Ellen
9. Father's Occupation Porter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. A. F. Caldwell Jr.

Address, Maryland Gen. Hospital

Remarks Had previous dead child delivered with forceps & present case was shoulder presentation

8950006766

Wm. J. C. Dulany Co., City Printers and Stationers.

Any person who shall neglect every month to the office of the Commissioner of Health, a certificate between the first and tenth days of the month, of the birth of any child born in his or her presence or attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above stated, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69357

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 15 1895
4. *Place of Birth, (Street and Number)* 3133 Edgewell St
5. *Full Name of Mother,* Deannie O'Connor.
6. *Mother's Maiden Name,* Deannie Madisson.
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* John O'Connor
9. *Father's Occupation* Conductor.
10. *Father's Birthplace,* Willmington.

Name of Medical Attendant, or other person who makes this Return, Mary L Swayne

Address, 824 Canton St.

Remarks,

8950006767

Wm. J. C. Dulany Co., City Printers and Stationers.

...each and every month to the office of the Commissioner of Health, Home for the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should any other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report to the Commissioner of Health, the number and within the period above required, and any such person or persons who shall neglect or refuse to make such report, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69358

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* Oct. 15th, 1895.
4. *Place of Birth, (Street and Number)* 828 N. Carey St.
5. *Full Name of Mother,* Mary Clara Jenney Shane.
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore, Md.
8. *Full Name of Father,* Wm. Henry Jenney
9. *Father's Occupation* Commission Merchant.
10. *Father's Birthplace,* Anne Arundel Co. Md.

Name of Medical Attendant, or other person who makes this Return, Eldridge C. Price, M.D.

Address, 1012 Madison Ave.

Remarks,

1895 0006768

third day of each and every month to the office of the Commissioner of Health, shall be sent to other persons or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69359

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Child

1. *Sex, (state whether male or female)* Mal
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 10 Oct 1895
4. *Place of Birth, (Street and Number)* 154 Williams st
5. *Full Name of Mother,* Jennie E. Keith
6. *Mother's Maiden Name,* Snowden
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Brooks H. Keith
9. *Father's Occupation* Conductor
10. *Father's Birthplace,* West Va

Name of Medical Attendant, or other person who makes this Return, Mrs B H Brooks

Address, 808 Eight st

Remarks, Twins Dead

18950006769

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, then the mother, or in her default, the father or other person or persons in charge of such child do report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 69360

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Oct 15th 1895
4. *Place of Birth (Street and Number),* 244 Carroll St.
5. *Full Name of Mother,* Stella M. Williams
6. *Mother's Maiden Name,* Gray
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* Clarence D. Williams
9. *Father's Occupation,*
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return. D. L. Williams M.D.

Address, 244 Carroll St.

Remarks,

6958686778

Shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the parent or other person in charge of the mother shall forward the return of birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall knowingly or wilfully fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers

GIVEN NAME ADDED 3-26-58

RETURN OF A BIRTH. 69361

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Rosa Alverta Callahan

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 15 - 1895
4. *Place of Birth, (Street and Number)* 708 Cross St Rear
5. *Full Name of Mother,* Effie Alvateria Callahan
6. *Mother's Maiden Name,* Effie Alvateria Witten
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* James Callahan
9. *Father's Occupation* Car Driver
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this return, Mrs Bunge

Address, 711 W. Cross St

Remarks,

1 8 9 5 0 0 0 6 7 7 1

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] day of each and every month to the office of the Commissioner in the form of a certificate between the first and shall occur within the attendance as a physician or practitioner of midwifery, or should no other person be in attendance upon such birth, the father or mother of such child shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 69362

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Oct. 15, 1895
4. *Place of Birth, (Street and Number)* 410 N. Hoffman St.
5. *Full Name of Mother,* Mary Anthony
6. *Mother's Maiden Name,* Mary Anthony
7. *Mother's Birthplace,* Va
8. *Full Name of Father,* Henry Prettiman
9. *Father's Occupation,* Contractor
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return. Louise Eaton M. D. Res. Phys.

Address, Maternite Romanie Med. College

Remarks, 410 N. Hoffman St.

1 8 9 5 0 0 0 6 7 7 2

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person, or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time prescribed as aforesaid; any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 69363

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 15th 1895
4. *Place of Birth, (Street and Number)* 16 W Pratt st
5. *Full Name of Mother,* Rose Smith
6. *Mother's Maiden Name,* Gaja
7. *Mother's Birthplace,* Poland
8. *Full Name of Father,* Stephan Smith
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace,* Australia

Name of Medical Attendant, or other person who makes this Return, Henry H. Schmelz MD

Address, 1 S. Sharp st

Remarks,

1 8 9 5 0 0 0 6 7 7 3

Wm. J. C. Dulany Co., City Printers and Stationers.

Any of each and every month to the office of the Commissioner of Health. Base the birth of a child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any whom it may concern who shall thereafter fail to comply within the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

signed by the practitioner in the form of a certificate between the first and the
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69364

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Twins 4th
1. *Sex, (state whether male or female)* Both Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Oct. 15th '95
4. *Place of Birth, (Street and Number)* 1401 Hull St
5. *Full Name of Mother,* Magdalene Pagel
6. *Mother's Maiden Name,* Magd. Volz
7. *Mother's Birthplace,* Unter-Reichenbach Hessen Darmst.
8. *Full Name of Father,* Ferdinand Pagel
9. *Father's Occupation* Grocer
10. *Father's Birthplace,* Stolp Pommern. Prussia

Name of Medical Attendant, or other person who makes this Return, Mrs. G. Müller
Address, 1600 Holbrook St — Balt, Md
Remarks,

18950006774

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69365

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color. (if not of the white race)* Color
3. *Date of Birth,* Oct 15 1895.
4. *Place of Birth, (Street and Number)* 1223 Smith St
5. *Full Name of Mother,* Katie H. Johnson
6. *Mother's Maiden Name,* Katie H. Williams
7. *Mother's Birthplace,* Beaver Creek Wash Co Md
8. *Full Name of Father,* John H Johnson
9. *Father's Occupation* Laboring man
10. *Father's Birthplace,* [illegible] New Jersey

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

[illegible] ce of [illegible]; and the [illegible] shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69066

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 15th 95
4. *Place of Birth, (Street and Number)* 219 Calvert st.
5. *Full Name of Mother,* Maggie Papa
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Italy
8. *Full Name of Father,* Gracie Papa
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Italy

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

6 7 5 0 0 0 6 7 7 6

Wm. J. C. Dulany Co., City Printers and Stationers.

Sec. 3. The birth shall be delivered, duly signed by the practitioner or by the parents, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health, certificate between the first and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in any case where a mother or other person is not able to report the birth, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69367

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 15 October
4. Place of Birth, (Street and Number) Broadway 128
5. Full Name of Mother, Marie Brikčinsky
6. Mother's Maiden Name, Kuhte
7. Mother's Birthplace, Pole
8. Full Name of Father, Simon Brikčinsky
9. Father's Occupation Workman
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return, Mary Bull

Address, S. Bond Nr. 838

Remarks,

8950006777

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] Section. Only signed by the practitioner in the form of a certificate between the third and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69368

GIVEN NAME ADDED 2-5-63

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Frank J. Kolarik

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth. 18 of October 1895
4. Place of Birth, (Street and Number) 2002 Pratum st
5. Full Name of Mother, Kalli Kolarik
6. Mother's Maiden Name, Kalli Cibulka
7. Mother's Birthplace, Bohimen
8. Full Name of Father, Ivan Kolarik
9. Father's Occupation Shoemaker
10. Father's Birthplace, Bohimen

Name of Medical Attendant, or other person who makes this Return, Louis Sodera

Address, 1911 Durham st

Remarks.

8950006778

Wm. J. C. Dulany Co., City Printers and Stationers.

Any or each and every month so [illegible] the office of the Commissioner of Health, a certificate between the first and [illegible] a physician or midwife, or should become the duty of any person be in [illegible] immediately thereafter, in the manner and form prescribed by the rules and [illegible] Commissioner of Health, in the form above required, and [illegible] fail to comply with the provisions of this section, shall be sub- [illegible] who shall herein be recovered as other fines and forfeitures are recoverable. [illegible] offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69369

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 15-95
4. Place of Birth, (Street and Number) 622 W Lombard St
5. Full Name of Mother, Florence Kirby
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, J McF Dick

Address, 622 W Lombard St

Remarks,

1 8 9 5 0 0 0 6 7 7 9

Wm. J. C. Dulany Co., City Printers and Stationers.

Every birth shall be reported to the office of the Commissioner of Health, in the manner and within the period above required, and every month to the office of the Commissioner of Health, in the manner and within the period above required, and third day of each and every month to the office of the Commissioner of Health, in the manner and within the period above required, and child or person born in Baltimore City, to be recorded as other fines and forfeitures are recoverable.

Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69370

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 16 1895.
4. *Place of Birth, (Street and Number)* No. 301½ Eager Ave.
5. *Full Name of Mother,* Pauline P. Parrish
6. *Mother's Maiden Name,* Pauline P. Scott
7. *Mother's Birthplace,* Louisville, Ky.
8. *Full Name of Father,* William T. Parrish
9. *Father's Occupation* Painter.
10. *Father's Birthplace,* Maryland.

Name of Medical Attendant, or other person who makes this Return. Geo. W. Cleland M.D.

Address, 1741 Hartford Ave.

Remarks,

1 8 9 5 0 0 0 6 7 8 0

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no one be present at such birth, the mother, immediately thereafter, is shall become the attendant, and shall report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69371

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth and Seventh twins

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 16 1905
4. *Place of Birth, (Street and Number)* 1605, Dallas st
5. *Full Name of Mother,* Alice Purry
6. *Mother's Maiden Name,* Alice Lewis
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Jem Purry
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Brown

Address,

Remarks,

1 8 9 5 0 0 0 6 7 8 1

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance who shall be willing and able to report the birth, the mother or father of such child is required to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 6937

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child Marie ~~Mastell~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 16, 1895
4. Place of Birth, (Street and Number) 2326 Canton Ave.
5. Full Name of Mother, Minnie ~~Hampt~~ ~~ell~~ Mastell
6. Mother's Maiden Name, Minnie Lutz
7. Mother's Birthplace, Balto
8. Full Name of Father, John ~~Hampt~~ ~~ell~~ Mastell
9. Father's Occupation Labor.
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mary L Swayne

Address, 524 Canton St

Remarks,

8950006782

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] day of each and every month [illegible] shall be in the form of a certificate between the first and [illegible] shall occur without the attendance of a physician or practitioner of medicine, the birth of any child shall be reported to the Commissioner of Health. In case the birth of any child shall occur upon the mother, immediately thereafter it shall become the duty of the person or persons in the house where such birth shall occur, or the mother, if able, to report such birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69373

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4d.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* The 16th of October 95
4. *Place of Birth, (Street and Number)* W 1604 Bisquith St.
5. *Full Name of Mother,* Susie L Lauer.
6. *Mother's Maiden Name,* Susie Macculbus
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Stephen Lauer.
9. *Father's Occupation* Fertilizer.
10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other person who makes this Return. Mrs Christina Lauer

Address, 1059 Harford Ave Baltr Md

Remarks, Bty.

8950006783

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] day of each and every month to the office of the Commissioner of Health, [illegible] a certificate between the first and shall occur without the [illegible] of a physician or practitioner of medicine, [illegible] in case the birth of any child attendance upon the mother, immediately [illegible] shall become the duty of the person or other person be in charge of such mother to report the birth to the Commissioner of Health, in the manner and form prescribed by the rules and regulations of the Board of Health, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69374

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) One

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct 16 1895

4. Place of Birth, (Street and Number) #3 W Henrietta st

5. Full Name of Mother, Carrie Myers

6. Mother's Maiden Name, Engelman

7. Mother's Birthplace, Balto Md

8. Full Name of Father, Frank Myers

9. Father's Occupation Sales man

10. Father's Birthplace, Frederick Co Md

Name of Medical Attendant, or other person who makes this Return, Henry H S Imhof MD

Address, #526 S Sharp St

Remarks, 8950006784

and the the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69375

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct. 16/95
4. *Place of Birth, (Street and Number)* 322 S. Madeira Str.
5. *Full Name of Mother,* Mina Failey
6. *Mother's Maiden Name,* Garrison
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* James Failey
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Scotland

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Hough St.

Remarks,

8950006785

shall schedule shall be delivered daily signed by the practitioner in the form of a certificate between the first and third day of each and every month, at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the person in charge of such attendance upon the mother, immediately thereafter, to make the report required in this section, and if any such person shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69376

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* October 16, 1895.
4. *Place of Birth, (Street and Number)* No. 1413 Harford ave.
5. *Full Name of Mother,* Carrie Prim
6. *Mother's Maiden Name,* Carrie Russell.
7. *Mother's Birthplace,* Maryland.
8. *Full Name of Father,* William P. Prim.
9. *Father's Occupation* Motorman
10. *Father's Birthplace,* Maryland.

Name of Medical Attendant, or other person who makes this Return. Aug. A. Elewell M.D.

Address, 1741 Harford ave

Remarks, 8950006786

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69377

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 child Girl.

1. *Sex, (state whether male or female)* White Female
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* 16. October. 1895.
4. *Place of Birth, (Street and Number)* Biddle str 1832
5. *Full Name of Mother,* Louisie Friesh
6. *Mother's Maiden Name,* Louisie Harand.
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Joseph Friesh
9. *Father's Occupation* Leather Worker.
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return.

Address, Mary Dolias 1625.

Remarks, Hopkins Ave.

1 8 9 5 0 0 0 6 7 8 7

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69578

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13 th Child

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 16 th oct
4. Place of Birth, (Street and Number) No 204 Pine St
5. Full Name of Mother, E. F. Zinser
6. Mother's Maiden Name, Neuberger
7. Mother's Birthplace, Bavary germany
8. Full Name of Father, adolf Zinser
9. Father's Occupation, day man
10. Father's Birthplace, Bavary germany

Name of Medical Attendant, or other person who makes this Return, M. J. Lemon mid wife

Address, No 1313 west Baltimore st

Remarks, a Strong Child

8 4 5 8 0 0 6 4 8 8

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69079

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 16 October
4. *Place of Birth, (Street and Number),* Lancaster str. 1603
5. *Full Name of Mother,* Irony Knirel
6. *Mother's Maiden Name,* Zylkowsky
7. *Mother's Birthplace,* Pole
8. *Full Name of Father,* Majik Knirel
9. *Father's Occupation* Watchman
10. *Father's Birthplace,* Germany

Name of Medical Attendant, *or other person who makes this Return.

Address, Mary Ertl

Remarks, S. Bond str. 838

8 9 5 0 0 0 6 7 8 9

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the father or other person who shall be in attendance upon the mother, immediately thereafter it shall become the duty of the father or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above prescribed; any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69380

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* October 16th 95
4. *Place of Birth, (Street and Number)* 313 Mulberry St.
5. *Full Name of Mother,* Mollie Groth
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* David Groth
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

8950006790

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] Section 1. Be it enacted by the Mayor and City Council of Baltimore, that every physician, midwife, or other person who shall hereafter attend upon any woman in the delivery of a living child, shall within twenty-four hours after such birth, make a return in writing, signed by the practitioner in the form herein prescribed, to the Registrar of Vital Statistics, Board of Health, Baltimore City, certifying the date and place of birth, and the sex, color and name of such child, and the name, residence and occupation of its parents, and such other facts as may be required by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, the return shall be made by the person in charge of the house where such child is born, within the time prescribed by the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69381

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October, 16th 1895.
4. *Place of Birth, (Street and Number)* 612 S. Charles St.
5. *Full Name of Mother,* Jennie Zimerman
6. *Mother's Maiden Name,* Jennie Caplanskey
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Philip Zimerman
9. *Father's Occupation,* Merchant Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Dr. Wm Rubinstein

Address, 105 W. Barre St. Baltimore Md.

Remarks,

8 9 5 0 0 0 6 7 9 1

Wm J. C. Dulany Co., City Printers and Stationers.

[illegible] day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter fail to comply with the provisions of this section shall be in any such case, the person so offending shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69382

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 16 October 95
4. *Place of Birth, (Street and Number)* 1612 Miller St
5. *Full Name of Mother,* Anna Eice
6. *Mother's Maiden Name,* Anna France
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Ancad Eice
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return, Josephian Conrad

Address, 1621 Barnes St Balto Md

Remarks.

1895 0 0 0 6 7 9 2

Wm. J. C. Dulany Co., City Printers and Stationers.

Child day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or should no other person, or the mother, be in a condition to make the return, it is the duty of the person so required, and immediately thereafter, in the manner and within the period above prescribed, to report in writing to the Commissioner of Health, in the manner and within the period above prescribed, the fact of such birth, with the sex and color of such child, and the name and residence of the person so required, and any such person who shall neglect or fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69383

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White Race
3. *Date of Birth,* the 16 day of Oct 1895
4. *Place of Birth, (Street and Number)* 501 South Albemarle St
5. *Full Name of Mother,* Raffaela Petrone
6. *Mother's Maiden Name,* Raffaela Acciotto
7. *Mother's Birthplace,* Mdrisovetri Italy
8. *Full Name of Father,* Giovanni Petrone Italy
9. *Father's Occupation* Waiter
10. *Father's Birthplace,* Sampietro al Tanagro Italy

Name of Medical Attendant, or other person who makes this Return, Mrs. Palma Annarella

Address, No 235 President St City

Remarks,

8 9 5 0 0 0 6 7 9 3

RETURN OF A BIRTH. 69384

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Oct 16 95
4. *Place of Birth, (Street and Number)* 523 Welcome alley
5. *Full Name of Mother,* Martha Frazier
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, J. M. G. Dick

Address, 692 W. Lombard St

Remarks,

8 9 5 0 0 0 6 7 9 4

Wm. J. C. Dulany Co., City Printers and Stationers.

Third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur within the attendance of a physician or practioner of midwifery, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and also notice upon the mother, immediately thereafter, in the manner and within the period above required, and any such person or persons who shall have or shall have had the care of such child, who shall neglect or fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69385

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Oct. 16 - 95
4. *Place of Birth, (Street and Number)* 800 China St
5. *Full Name of Mother,* Cora Johnson
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. J. McF. Luck

Address, 677 W Lombard St

Remarks,

8950006795

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, it shall be the duty of the person in attendance upon the mother immediately thereafter to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69386

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 15

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Oct. 16-95
4. *Place of Birth, (Street and Number)* 1816 West St
5. *Full Name of Mother,* Sarah Fisher
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, M. R. Brown

Address, 617 W Lombard St

Remarks,

8950006796

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health, a true return of every child born within such district during the preceding month, and shall also make such return immediately thereafter if any woman shall have been delivered of a child within such district, which shall have occurred without the attendance of a physician or practioner of midwifery, or should no other person be in attendance to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69387

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Oct. 17 - 95
4. *Place of Birth, (Street and Number)* 941 So Saratoga St
5. *Full Name of Mother,* Fannie Holmes
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, M R Brown

Address, 627 W Lombard St

Remarks,

8950006797

Third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall be the duty of the parent, or parents, or other person having charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69388

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct. 17 90
4. *Place of Birth, (Street and Number)* 566 Ridgely St
5. *Full Name of Mother,* Nellie Lawrence
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Jno. J. Dick

Address, 642 W Lombard St.

Remarks,

8950006798

Wm. J. C. Dulany Co., City Printers and Stationers.

Blank days of publication, duly signed by the practitioner in the form of a certificate between the first and the 5th day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the presence or attendance of a physician or midwife, it shall be the duty of the person in attendance upon the mother, immediately thereafter, to comply with the provisions of this section; and if such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the penalty of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69389

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female).* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth.* Oct 17th '95
4. *Place of Birth, (Street and Number)* Maryland Lying in Hospital Linden Ave
5. *Full Name of Mother,* Delia Ward
6. *Mother's Maiden Name.* Delia Ward
7. *Mother's Birthplace.* Balto
8. *Full Name of Father,* unknown
9. *Father's Occupation* unknown
10. *Father's Birthplace.* unknown

Name of Medical Attendant, or other person who makes this Return, J W Keown MD

Address, Maryland General Hospital Linden Ave

Remarks.

8 9 5 0 0 0 6 7 9 9

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] day of each and every [illegible] by the practitioner in the form [illegible] place of birth; and the shall occur without the attendance of a physician or practioner of medicine, or midwifery, or shall be not attended by a physician or practioner of medicine, or midwifery, or shall become the duty of the person or other person in attendance upon the mother, immediately after the birth, to make and write a return of such birth, in the form above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69390

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 17th 95
4. Place of Birth, (Street and Number) 404 E Lafayette Ave
5. Full Name of Mother, Sallie Nash
6. Mother's Maiden Name, Sallie Evans
7. Mother's Birthplace, Balto
8. Full Name of Father, William Nash
9. Father's Occupation, Dining Car Conductor
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, G K Galloway M.D.

Address, 318 E. Lanvale St.

Remarks,

8950006800

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69391

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 17th of October 95
4. Place of Birth, (Street and Number) 329 Forrest St
5. Full Name of Mother, Jette Böhnlein
6. Mother's Maiden Name, Jette Philipp
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Böhnlein
9. Father's Occupation Brewer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Friederike Heusler Midwife

Address, 2116 W Pratt St

Remarks,

8950006801

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69392

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, October 17
4. Place of Birth, (Street and Number) 211 Harring Court
5. Full Name of Mother, Sarah J Pattison
6. Mother's Maiden Name, Sarah J Dickson
7. Mother's Birthplace, Balto
8. Full Name of Father, Irvin Dickson
9. Father's Occupation Laborer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Francis Anderson

Address, 222 Gardner street

Remarks,

8950006802

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69 393

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct. 17/95
4. *Place of Birth, (Street and Number)* 24 N. Rose Str.
5. *Full Name of Mother,* Annie Hergert
6. *Mother's Maiden Name,* " Schmitt
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* John Hergert
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. Mrs. Deisenhofer

Address, 2225 Lough Str.

Remarks,

8950006803

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be delivered, duly signed by the petitioner in the form of a certificate between the first and the [illegible]th day of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person, or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above prescribed, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69394

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VIII

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct. 17/95
4. *Place of Birth, (Street and Number)* 21 S. Madeira St.
5. *Full Name of Mother,* Louisa Kistner
6. *Mother's Maiden Name,* " Hoch
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Geo. Kistner
9. *Father's Occupation* Laborer
10. *Father's Birthplace.* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough St.

Remarks.

8950006804

said schedule shall be delivered, duly signed by the attendant, to the Registrar of Vital Statistics, and shall have the same written in a legible form, and shall deliver the same to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately hereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, who shall thereupon cause the same to be recorded and say such person or persons so offending shall be liable to a penalty, with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

Cow

RETURN OF A BIRTH. 69395

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Catherine Gavaghen

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 17 October 1895
4. *Place of Birth, (Street and Number)* 205 No. Eldering Street
5. *Full Name of Mother,* August F. Gavaghen
6. *Mother's Maiden Name,* Anna Lord
7. *Mother's Birthplace,* Germany
8. *Fult Name of Father,* John Gavaghen
9. *Father's Occupation* Porter - Steward
10. *Father's Birthplace,* Malta

Name of Medical Attendant, or other person who makes this Return, E. Thomas

Address, 42 Albemarle St

Remarks,

8950006805

Sec. 1. Shall contain the sex, color, the full name and residence of the parents, the date and place of birth; and the name of each child, (if any shall have been born before,) and shall be signed by the attending physician or midwife, or other person who shall have charge of the case, in the form of a certificate hereinafter prescribed, and the said certificate shall be delivered, duly signed, to the person in charge of the house, or to the parents, or to the nearest relative of the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the time required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69396

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 17 1895
4. *Place of Birth, (Street and Number)* Eager st 1741
5. *Full Name of Mother,* Mary Hunter
6. *Mother's Maiden Name,* Farmer
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* William Hunter
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Farmer

Name of Medical Attendant, or other person who makes this Return. Mary Hopkins

Address, S Washington st 205

Remarks,

1 8 9 5 0 0 0 6 8 0 6

said schedule shall be delivered, duly signed by the practitioner of Health. In case no other person be in shall occur without the attendance of a physician or midwife, or if the person or parents of such third day of each and every month to the office of the Commissioner of Health, in the form of a certificate between the hours of 9 A. M. and 5 P. M., stating the number, sex, date and place of birth and the occupation of the parents, the date and place of birth and the number of any child shall be delivered, duly signed by the practitioner of Health. In case no other person be in attendance upon the mother, immediately on the birth, a duplicate of the certificate specified in such shall fail to report its birth to the Board shall hereafter fail to supply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69397

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 17th / 95
4. *Place of Birth, (Street and Number)* Cor. Kirby Lane & Oakland Ave.
5. *Full Name of Mother,* Kate Fisher
6. *Mother's Maiden Name,* Kate Wagner
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Louis Fisher
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Margaret C. Kinkel

Address, 2817 Druid Hill Ave. City

Remarks,

1 8 7 5 0 0 0 6 8 0 7

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall thereupon be the duty of the person or persons in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69398

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 17
4. *Place of Birth, (Street and Number)* 1635 Presbery St
5. *Full Name of Mother,* Cecilye ~~Bronke~~ Gresbach
6. *Mother's Maiden Name,* Cecilye Bronke
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* August Gresbach
9. *Father's Occupation* Carter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return.

Address, August Gresbach 1635 Presbery St

Remarks, Mrs Mary A Shebney 731 Cumberland Ste

8950006808

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health, in the form of a certificate signed by the practitioner in the form of a certificate signed by the person who shall have charge of the case, or in default thereof, or should no other person be in attendance upon the mother, then the person who shall have charge of the house, or parents of such child, or other person who shall have charge of the house, or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and shall be liable to a fine of fifty dollars for each offence, and shall be liable to a further fine of ten dollars for each day he shall neglect to comply with the provisions of this section after the first day of such neglect, and any persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69399

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* October 17, 1895.
4. *Place of Birth, (Street and Number)* 48 E. 26th St.
5. *Full Name of Mother,* Mary Ellen Kilpatrick.
6. *Mother's Maiden Name,* Worsdell.
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* Thomas Henry Kilpatrick.
9. *Father's Occupation* Electric Railroader.
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks,

8950006809

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate herein after mentioned, to the Commissioner of Health. In case the birth of any child shall occur without attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall be the duty of the father or other person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period herein prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69400

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4. 4d child

1. *Sex, (state whether male or female)* Negro, Male
2. *Race or Color, (if not of the white race)* Negro, Colored
3. *Date of Birth,* October 17. 1895.
4. *Place of Birth, (Street and Number)* 2203. Hunter Alley
5. *Full Name of Mother,* Ella Kane
6. *Mother's Maiden Name,* — — —
7. *Mother's Birthplace,* Talbot Co Maryland
8. *Full Name of Father,* William Garry
9. *Father's Occupation,* Labor ~~no~~ Work.
10. *Father's Birthplace,* Talbert, Co, Maryland

Name of Medical Attendant, or other person who makes this Return, Marcus J. Garry

Address, No 310. ~~[illegible]~~ 3½ d Street

Remarks,

8950006810

the schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and tenth days of each month, to the Commissioner of Health. In cases where the birth of a child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall neglect or refuse to comply with the provisions of this section shall be and hereby are subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

THE J. C. BULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 69401

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 17th
4. Place of Birth, (Street and Number) 1510 N Dulaney
5. Full Name of Mother, Lina A B Russell
6. Mother's Maiden Name, Lina Kennedy
7. Mother's Birthplace. Md
8. Full Name of Father, A B Russell
9. Father's Occupation, Grocer
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, W F Bill M.D.

Address, 1001 Eden

Remarks,

8 9 5 0 0 0 6 8 1 1

Wm J C. Dulany Co., City Printers and Stationers.

third day of each and every month, by the practitioner in the form of a certificate, place of birth; and the shall deliver, or cause to be delivered, to the office of the Commissioner of Health, a true and attendance upon the mother, in the absence of a physician or practitioner of midwifery, or should in other respects child to report its birth to the Commissioner of Health, in the manner, as within the period above required, and answer to the person, or persons, who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69402

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, October 17, 1925.
4. Place of Birth, (Street and Number) No. 1532 Lafayette Street
5. Full Name of Mother, Alice Parrish
6. Mother's Maiden Name, Alice Spradling
7. Mother's Birthplace, Virginia
8. Full Name of Father, Robert F. Parrish
9. Father's Occupation Laborer
10. Father's Birthplace. Maryland

Name of Medical Attendant, or other person who makes this Return, Dr. A. Colwell Wirt

Address, 1741 Harford Ave

Remarks,

1 8 9 5 0 0 0 6 8 1 2

Wm. J. C. Dulany Co. City Printers and Stationers.

[illegible] shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the commissioner of health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance who is authorized by law to make such return, the parent or parents of such child, or the person in charge of such child, or any person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69403

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colard
3. Date of Birth, Oct 7 1895
4. Place of Birth, (Street and Number) #415 Parrish Alley
5. Full Name of Mother, Annie Scott
6. Mother's Maiden Name, Annie Washington
7. Mother's Birthplace, Charles Co. Md.
8. Full Name of Father, James Scott
9. Father's Occupation, Laborer
10. Father's Birthplace, Essex Co Va

Name of Medical Attendant, or other person who makes this Return, Carrie Reid

Address, 417 Parrish Alley

Remarks,

8 9 5 0 0 0 6 8 1 3

Wm J C. Dulany Co., City Printers and Stationers.

[illegible] by a practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately hereafter it shall become the duty of the person or parents of such child to report the fact to the Commissioner of Health, in the manner and with the particulars required and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69404

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 27th
4. *Place of Birth, (Street and Number)* Cross St. No 1009. Balto.
5. *Full Name of Mother,* Louise Agnes Hodges.
6. *Mother's Maiden Name,* Louise Agnes Parks.
7. *Mother's Birthplace,* Laurel Prince George Co.
8. *Full Name of Father,* James. Hodges.
9. *Father's Occupation* Hucksering.
10. *Father's Birthplace,* Baltimore City.

Name of Medical Attendant, or other person who makes this Return. Mrs Bangle.

Address, 711 N. Grant st.

Remarks,

8 9 5 0 0 0 6 8 1 4

Wm. J. C. Dulany Co., City Printers and Stationers.

Sec. 1. Be it enacted by the General Assembly of Maryland, That the State and place of birth and the date of birth of every child born in this State, shall be certified by the physician or person in attendance upon the mother, or in the absence of such physician or person, then by the father or mother of such child, or in the absence of the father and mother, by the person in charge of the house in which such birth shall occur, which certificate shall be delivered, duly signed by the practitioner in charge, to the State Board of Health, or to such person as it may designate, within ten days after the birth, and shall be made a part of the permanent records of said Board. Sec. 2. Be it further enacted, That the State Board of Health shall have the power to make such rules and regulations as may be necessary for the proper enforcement of this act, and shall have the power to appoint such agents and employees as may be necessary for the proper enforcement of this act, and to fix their compensation, which shall be paid by the Board of Health out of the funds of said Board. Sec. 3. Be it further enacted, That the Board of Health shall have the power to make such rules and regulations as may be necessary for the proper enforcement of this act, and shall have the power to appoint such agents and employees as may be necessary for the proper enforcement of this act, and to fix their compensation, which shall be paid by the Board of Health out of the funds of said Board. Sec. 4. Be it further enacted, That the Board of Health shall have the power to make such rules and regulations as may be necessary for the proper enforcement of this act, and shall have the power to appoint such agents and employees as may be necessary for the proper enforcement of this act, and to fix their compensation, which shall be paid by the Board of Health out of the funds of said Board. Sec. 5. Be it further enacted, That the Board of Health shall have the power to make such rules and regulations as may be necessary for the proper enforcement of this act, and shall have the power to appoint such agents and employees as may be necessary for the proper enforcement of this act, and to fix their compensation, which shall be paid by the Board of Health out of the funds of said Board. Sec. 6. 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Be it further enacted, That the Board of Health shall have the power to make such rules and regulations as may be necessary for the proper enforcement of this act, and shall have the power to appoint such agents and employees as may be necessary for the proper enforcement of this act, and to fix their compensation, which shall be paid by the Board of Health out of the funds of said Board. Sec. 97. Be it further enacted, That the Board of Health shall have the power to make such rules and regulations as may be necessary for the proper enforcement of this act, and shall have the power to appoint such agents and employees as may be necessary for the proper enforcement of this act, and to fix their compensation, which shall be paid by the Board of Health out of the funds of said Board. Sec. 98. Be it further enacted, That the Board of Health shall have the power to make such rules and regulations as may be necessary for the proper enforcement of this act, and shall have the power to appoint such agents and employees as may be necessary for the proper enforcement of this act, and to fix their compensation, which shall be paid by the Board of Health out of the funds of said Board. Sec. 99. Be it further enacted, That the Board of Health shall have the power to make such rules and regulations as may be necessary for the proper enforcement of this act, and shall have the power to appoint such agents and employees as may be necessary for the proper enforcement of this act, and to fix their compensation, which shall be paid by the Board of Health out of the funds of said Board. Sec. 100. Be it further enacted, That the Board of Health shall have the power to make such rules and regulations as may be necessary for the proper enforcement of this act, and shall have the power to appoint such agents and employees as may be necessary for the proper enforcement of this act, and to fix their compensation, which shall be paid by the Board of Health out of the funds of said Board.

RETURN OF A BIRTH. 69405

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 d

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, October 17. 5 10 P. M.
4. Place of Birth, (Street and Number) 1506 Ridgely street near Bayard St.
5. Full Name of Mother, Nellie ~~O'Neil~~ Lorenz.
6. Mother's Maiden Name, O'Neil.
7. Mother's Birthplace, New York - N. Y.
8. Full Name of Father, Friedrich Lorenz.
9. Father's Occupation, Labor.
10. Father's Birthplace, New York - N. Y.

Name of Medical Attendant, or other person who makes this Return, Wm. M. Kanne, for the Mother Relief Society

Address, 632. N. Fremont Ave.

Remarks,

1 8 9 5 0 0 0 6 8 1 5

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69406

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Oct 17. 1895
4. Place of Birth, (Street and Number) 410 N. Hoffman St.
5. Full Name of Mother, Maggie Wright
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Va
8. Full Name of Father, Frank Smith
9. Father's Occupation Oysterman
10. Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this Return, Louis Eakins M.D. Res Phys.

Address, Maternity Woman's Med. College

Remarks, 410 N. Hoffman St.

8950068 16

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance, such mother, immediately thereafter, it shall become the duty of the person or persons in charge of such child to report its birth to the Commissioner of Health, in such manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69407

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 17 1895
4. *Place of Birth, (Street and Number)* Duncan alley 209
5. *Full Name of Mother,* Barbara Wojtek
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* John Wojtek
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return, Mary Kopito

Address, D Washington St 200

Remarks,

1 8 9 5 0 0 0 6 8 1 7

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, the parent or parents of said child or every person who shall be in the house at the time of the birth, or in the house within the period above mentioned, any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69408

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 17 1895
4. Place of Birth, (Street and Number) Hanaman ave 1803
5. Full Name of Mother, Mary Stanek
6. Mother's Maiden Name,
7. Mother's Birthplace, Bohemen
8. Full Name of Father, Joseph Stanek
9. Father's Occupation Tailor
10. Father's Birthplace, Bohemen

Name of Medical Attendant, or other person who makes this Return, Mary Hoyt

Address, N Washington st 205

Remarks,

1 8 9 5 0 0 0 6 8 1 8

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be delivered duly signed by the Practitioner in the form of a certificate between the first and third day of each and every month to the Registrar of Vital Statistics, or other Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, the person or persons in charge of such child to report the birth to the Commissioner of Health, in the manner and within the period above required; and any such person or persons who shall knowingly fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69409

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Louis Fisher —— Harris

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 17 October 1895
4. *Place of Birth, (Street and Number)* 142 E. Fayette St
5. *Full Name of Mother,* Frasa Harris
6. *Mother's Maiden Name,* Krasker
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Louis Harris
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, L. Fetterman

Address, 42 Altamont St

Remarks, GIVEN NAME ADDED. 10-26-53 L.M.

8950006819

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said child shall be delivered, by the attending physician or midwife, to the parents or other person having the custody of such child, a certificate between the first and third day of such delivery, to the Office of the Commissioner of Health, in the form of a certificate which shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69410

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 m

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Oct 17th 95
4. Place of Birth, (Street and Number) 1119 Bowen St
5. Full Name of Mother, Louisa Frech
6. Mother's Maiden Name, Louisa Thomas
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Frech
9. Father's Occupation Confectioner
10. Father's Birthplace, Martinsburg W Va

Name of Medical Attendant, or other person who makes this Return, A. M. Bischoff

Address. 1137 Carroll St

Remarks.

18950 06820

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall sign the same, and shall be signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall be the duty of the parent or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall have failed to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69411

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* The 17 of October 1895
4. *Place of Birth, (Street and Number)* 1206 Wilcox St
5. *Full Name of Mother,* Mary Schaefer
6. *Mother's Maiden Name,* Mary Clecr
7. *Mother's Birthplace.* Baltimore
8. *Full Name of Father,* Henry C. Schaefer
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Christina Bauer

Address, 1059 Harford Ave.

Remarks, Balto. Md City

B 9 5 U 0 0 6 8 2 1

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] day of each and every month to the office of the Commissioner of Health, in the form of certificate herein-after provided, any shall have [illegible] only signed by the practitioner in the form of certificate herein-after provided, the date and place of birth; and the shall over [illegible] without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance who [illegible] under this act, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69412

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 18 Ocktober 1895
4. *Place of Birth, (Street and Number)* 709 Ann St
5. *Full Name of Mother,* Olivia Nelson
6. *Mother's Maiden Name,* Olivia Olsson
7. *Mother's Birthplace,* Norway Europ
8. *Full Name of Father,* Elof Nelson
9. *Father's Occupation* Marnor
10. *Father's Birthplace,* Swedia Europ

Name of Medical Attendant, or other person who makes this Return, Ellen Smith

Address, 504 S. Washington St

Remarks,

8950005822

[illegible] any shall have [illegible] sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69413

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 18
4. *Place of Birth, (Street and Number)* 345 E Baltimore St
5. *Full Name of Mother,* Mrs Mary Brighton Korn
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Geo Korn
9. *Father's Occupation* Organ Maker
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return. E. S. Allen

Address, Lincoln Ag

Remarks,

1 8 9 5 0 0 0 6 8 2 3

RETURN OF A BIRTH. 69414

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eleventh

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 18 1895
4. Place of Birth, (Street and Number) 3019 Ellsworth
5. Full Name of Mother, Mary E.
6. Mother's Maiden Name, Ford
7. Mother's Birthplace, U.S.A.
8. Full Name of Father, William J. Christman
9. Father's Occupation Lightkeeper
10. Father's Birthplace, U.S.A.

Name of Medical Attendant, or other person who makes this Return, E. J. Williams M.D.

Address, 1724 Chesapeake St.

Remarks,

B 4 5 U 3 0 6 8 2 4

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED, 8-25-64

RETURN OF A BIRTH. 69415

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: William Frederick Sutton Jr.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

NAME: William Frederick Sutton Jr.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Friday, Oct. 18 - 1895
4. Place of Birth, (Street and Number) 1602 McCulloh Street
5. Full Name of Mother, Elizabeth Porter Sutton
6. Mother's Maiden Name, Elizabeth Warren Porter
7. Mother's Birthplace, Baltimore City, Md.
8. Full Name of Father, William Frederick Sutton
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore City, Md.

Name of Medical Attendant, or other Person who makes this Return. E. G. Wootten, M.D.

Address, 1429 McCulloh St

Remarks,

8950 06825

Issuing this return, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, within three days after the birth of such child, and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner of medicine, the duty of the midwife, or other person who may be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or head of such family, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

Murphy & Co., City Publishers and Stationers.

RETURN OF A BIRTH. 6.9416

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 18 1905
4. Place of Birth, (Street and Number) 1509 Hopkins Ave.
5. Full Name of Mother, Katie Ellen Severe
6. Mother's Maiden Name, " " Cormer
7. Mother's Birthplace, Penna.
8. Full Name of Father, Wm B. Severe
9. Father's Occupation Salesman
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Wm J. Watson

Address, 1519 N. Broadway

Remarks,

1 6 9 5 0 0 0 5 8 2 6

Wm. J. C. Dulany Co., City Printers and Stationers.

Sec. 5. It shall be delivered duly signed by the practitioner in the form, the date and place of birth and the sex of the child, to the office of the Commissioner of Health, certificate between the first and third day of each and every month; if the birth or births shall occur without the attendance of a physician or practitioner of midwifery, or should the birth of any child shall occur upon the mother, immediately thereafter, it shall be the duty of the person or persons in charge of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69417

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 14th 95
4. *Place of Birth, (Street and Number)* 1412 Penn Ave
5. *Full Name of Mother,* Wagger Agatha Wallis
6. *Mother's Maiden Name,* " " " " Samzl
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Albert Edward Wallis
9. *Father's Occupation* Merchant
10. *Father's Birthplace,* England

Name of Medical Attendant, or other person who makes this Return, John T. McCarthy M.D.

Address, 626 Grange St.

Remarks,

8950006827

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be delivered, duly signed by the practitioner in the form of a certificate [illegible] and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person, or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine or fine (ten) Dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69418

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct. 14/95
4. *Place of Birth, (Street and Number)* 2541 Penna. Ave.
5. *Full Name of Mother,* Mrs Wm Ferguson
6. *Mother's Maiden Name,* Harriet Diener
7. *Mother's Birthplace,* Richmond Va
8. *Full Name of Father,* Wm Ferguson
9. *Father's Occupation* Motorman
10. *Father's Birthplace,* Balto Md.

Name of Medical Attendant, or other person who makes this Return, E. A. Smith M.D.

Address, 2505 Penna. Ave.

Remarks,

1 8 9 5 0 0 0 6 8 2 8

been constructed) its sex, color, the full name and occupation of its parents, the date and place of birth; and the full name of each child, if any shall have been born before, and the date of birth of each such child; and the said schedule shall be delivered, duly signed by the attendant or practitioner, to the Commissioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, and no other person be in attendance upon such mother, immediately thereafter. It shall become the duty of the person or persons who shall hereafter attend or assist at the birth of any child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69419

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether ~~male or~~ female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Oct. 18/95
4. *Place of Birth, (Street and Number)* 8 W. Oxford St.
5. *Full Name of Mother,* Lizzie Pape
6. *Mother's Maiden Name,* Lizzie Conrad
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry R Pape
9. *Father's Occupation,* Box maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Katie Kirsch

Address, 800 Leadenhall Street

Remarks,

8 9 5 0 0 0 6 8 2 9

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and the day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or any such person who shall be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69420

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3te

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 18 October 1895
4. *Place of Birth, (Street and Number)* 105 S. Ann St
5. *Full Name of Mother,* Mary Helker
6. *Mother's Maiden Name,* Mary Bach
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Fred Helker
9. *Father's Occupation* Lauber
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Ellen Smith

Address, 504 S. Washington St

Remarks,

8950006830

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form, the date and place of birth; and the shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and with all the particulars required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69421

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) 1st

1. *Sex, (state whether male ~~or female~~)* Joseph Alan Yerby
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct. 18th 1895
4. *Place of Birth, (Street and Number)* 219 N. Gilmor
5. *Full Name of Mother,* Cora E. Yerby
6. *Mother's Maiden Name,* " " Schmidt
7. *Mother's Birthplace,* Baltimore, Md.
8. *Full Name of Father,* Thomas A. Yerby
9. *Father's Occupation* Merchant
10. *Father's Birthplace,* Lancaster Va.

Name of Medical Attendant, or other person who makes this Return, Joseph F. Wunder

Address, 1075 W. Fayette St.

Remarks, L. O. L. A.

Mrs. Thomas A. Yerby, Mother

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69422

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 18th 1890
4. *Place of Birth, (Street and Number)* 1717 Baker St
5. *Full Name of Mother,* Emma M Young
6. *Mother's Maiden Name,* Nagle
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Wm E Young
9. *Father's Occupation* Cigarmaker
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Chas E Sadler

Address, 1839 Bolton St

Remarks,

8950006832

said sebetiute shall be delivered, duly signed by the practitioner, or the certificate of birth, to the office of the Commissioner of Health. In case between the first and third day of each and every month to the office of the Commissioner of Health. In case between the first and third day of each and every month to the office of the Commissioner of Health. In case no birth or stillbirth shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the mother herself, if able, shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69423

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White.

3. Date of Birth, 18 Oct. 1895

4. Place of Birth, (Street and Number) Hall Str. No 1416.

5. Full Name of Mother, Josephina Cameron

6. Mother's Maiden Name, " Nall

7. Mother's Birthplace, Baltimore.

8. Full Name of Father, Samuel Cameron

9. Father's Occupation Leber.

10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return. Lizzie Schaeffer.

Address, E. Fort Ave. No 1708.

Remarks,

1895 00 0 0 0 3 3

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the commissioner of health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, the parent or person having charge of such child is required to give notice of such birth within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 12-8-33

RETURN OF A BIRTH. 69424

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Lottie May ~~Bruckey~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 child

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 18 of October - 1895
4. Place of Birth, (Street and Number) 540 East Lat ave
5. Full Name of Mother, Ella Bruckey
6. Mother's Maiden Name, Ella Edards
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joshes W Bruckey
9. Father's Occupation, Labor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Harwell G Lambert

Address, 31 E hamurote street

Remarks, baby a mother is doing well

1 8 9 5 0 0 0 6 8 3 4

Wm. J. C. Dulany Co., City Printers and Stationers.

All c. h. shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and tenth day of each calendar month to the office of the Commissioner of Health, but if the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69425

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Girl

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) white

3. Date of Birth, 18 Oktober 1895

4. Place of Birth, (Street and Number) 1749 E. Pratt Str

5. Full Name of Mother, Mary Wilhelm

6. Mother's Maiden Name, Pfeiffer

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Abraham Wilhelm

9. Father's Occupation Maschinist

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Henritte Kron Mitwife

Address. 1922 E. Fayette Str

Remarks.

18950 06835

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required and attendance upon such birth, shall be under the obligation to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69426

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 18 October 1895
4. *Place of Birth, (Street and Number)* 215 Albemarle St.
5. *Full Name of Mother,* Annie Lowe
6. *Mother's Maiden Name,* Annie Collins
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Joseph Lowe
9. *Father's Occupation* Baggmaker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, E. Thermann

Address, 215 Albemarle St.

Remarks,

1 8 9 5 0 0 0 6 8 3 6

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] sex, color, the full name and [illegible] occupation of its parents, the date and place of birth, and [illegible] shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in the case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person in attendance without the mother immediately thereafter, it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in all the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69427

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct. 18/95
4. *Place of Birth, (Street and Number)* 767 W. Cross St.
5. *Full Name of Mother,* Ida Louise Frisch
6. *Mother's Maiden Name,* Woodall
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Benjamin Frisch
9. *Father's Occupation,* Stock Clerk.
10. *Father's Birthplace,* Austria

Name of Medical Attendant, or other person who makes this Return, H. W. Webner M.D.

Address, 723 W. Lombard St.

Remarks, Natural Labor.

8 9 5 0 0 0 6 8 3 7

and schedule of the sex, color, the full name and occupation of its parents, the date and place of birth, and the third day of each and every month thereafter, to be signed by the practitioner in the form of a certificate between the first and shall occur without the attendance of a physician or practitioner of health. In case the birth of any child attendance upon the mother, immediately thereafter it shall become the duty of the person or nurse of such child to report to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69428

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 18th of Oktober 95

4. *Place of Birth, (Street and Number)* 326 Parrish St.

5. *Full Name of Mother,* Mina Schneider

6. *Mother's Maiden Name,* Mina Dauthelar

7. *Mother's Birthplace,* Germany

8. *Full Name of Father,* Carl Schneider

9. *Father's Occupation* Blackschmidt

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Friederike Keuler Midwife

Address, 2116 W Pratt St.

Remarks,

8950006838

sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69429

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 18th of October 95
4. *Place of Birth, (Street and Number)* 2104 Wilhelm Str
5. *Full Name of Mother,* Karoline Pfeifer
6. *Mother's Maiden Name,* Karoline Böhm
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Conrad Pfeifer
9. *Father's Occupation* Brauer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Friederike Heller Midwife

Address, 2116 W Pratt St

Remarks,

1 8 9 5 0 0 0 6 8 3 9

said schedule shall be delivered, duly signed by the attending physician or practitioner in the case of a living child, and in all other cases by the father or mother of such child, or in default of such delivery, the same shall be delivered by the person who shall have charge of such child, or by the person who shall have the care of such child, to the office of the Commissioner of Vital Statistics, Board of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or in the absence of the father or mother, it shall be the duty of the person in attendance upon the mother, or the person in charge of such child, to report its birth to the Commissioner of Vital Statistics, Board of Health, within the period above prescribed, and in the manner and within the period above prescribed, to deliver the schedule herein provided for. Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 69430

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3,

1. *Sex, (State whether male or female)* Male -
2. *Race or color, (if not of the white race)* White -
3. *Date of Birth,* Oct 18 — 1895.
4. *Place of Birth, (Street and Number)* 24 W. Townsend St.
5. *Full Name of Mother,* Lily C. Mentzell -
6. *Mother's Maiden Name,* Haugh -
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* Grant E. Mentzell -
9. *Father's Occupation,* Store - Keeper
10. *Father's Birthplace,* Carroll Co. Md -

Name of Medical Attendant, or other person who makes this Return. R. H. Goldsmith M.D

Address, 647 W. Calhoun St.

Remarks,

1 8 9 5 0 0 0 6 8 4 0

and schedule shall be delivered, duly signed by the practitioner in form of a certificate between the first and the 5th day of each and every month to the office of the Commissioner of Health, if any such child shall have been born within the preceding month, and in case there be no such birth or stillbirth, then a certificate to the effect that no such child was born or stillborn during the month shall be so delivered. Any practitioner of midwifery or should no other person be in attendance upon the mother, then and in such case it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. S. GALANY & CO. CITY PRINTERS, BALTIMORE.

RETURN OF A BIRTH. 69401

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Four.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Friday 18th of October.
4. *Place of Birth, (Street and Number)* Baltimore Md. No. 1128. Carroll st
5. *Full Name of Mother,* Mary Virgina Kelly
6. *Mother's Maiden Name,* Mary Virginia Smith.
7. *Mother's Birthplace,* Washington City D.C.
8. *Full Name of Father,* John Francis Kelly
9. *Father's Occupation* Bricklayer
10. *Father's Birthplace,* Washington City D.C.

Name of Medical Attendant, or other person who makes this Return. Mrs B Sages

Address, 711 N. Gross st

Remarks,

1 8 9 5 0 0 0 6 8 4 1

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health; and the birth of any child shall not be registered, or shall be registered by the person in attendance upon the mother, immediately thereafter, if the birth shall occur without the attendance of any physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69432

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 18th 95
4. Place of Birth, (Street and Number) 2434 Francis
5. Full Name of Mother, Rose Weller
6. Mother's Maiden Name, " Igumberg.
7. Mother's Birthplace, Frd'k Co.
8. Full Name of Father, Geo Weller
9. Father's Occupation, Grinder
10. Father's Birthplace, Frd'k Co.

Name of Medical Attendant, or other person who makes this Return, L. F. Frey.

Address, 2414 E. H. Ave

Remarks,

8 9 5 0 0 0 6 8 4 2

Wm J. C. Dulany Co., City Printers and Stationers.

third day of each month thereafter, duly signed by the practitioner in the form of a certificate of birth and the place of birth, and every month to the office of the Commissioner of Health, a certificate between the first and third day of each month thereafter, duly signed by the person in charge of the house, the birth of any child attendance upon the mother, immediately preceding, if a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately preceding, if a physician or practitioner of midwifery, or should no other person be in charge of the house, or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69433

NAME CHANGED BY COURT ORDER 10-26-34

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Jerome ~~Berman~~

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 6th

1. *Sex,* (*state whether male or female*) male
2. *Race or Color,* (*if not of the white race*) white
3. *Date of Birth,* October 18th 1895
4. *Place of Birth,* (*Street and Number*) 1113 Mc. Elderry St.
5. *Full Name of Mother,* Katie Berman
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Barney Berman
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 S. Exeter St.

Remarks,

8 9 5 0 0 0 6 8 4 3

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] sex, color, the full name and occupation of its parents, the date and place of birth; and the [illegible] name of each child, if any shall have [illegible] and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health; or, should no other person be in attendance when the child shall be born, then the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered in other fines and forfeitures not recoverable.

RETURN OF A BIRTH. 69434

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 18 1895
4. Place of Birth, (Street and Number) Monument st 1917
5. Full Name of Mother, Annie Lechner
6. Mother's Maiden Name,
7. Mother's Birthplace, Bohemian
8. Full Name of Father, Joseph Lechner
9. Father's Occupation Labor
10. Father's Birthplace, Bohemian

Name of Medical Attendant, or other person who makes this Return, Mary Shapter

Address, N Washington st 205

Remarks,

1895006844

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the City Registrar of Vital Statistics, Board of Health, Baltimore City, within the third day of each and every month to the office of the City Registrar of Vitals, Board of Health, Baltimore City, the name of the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above prescribed, and any such person or persons who shall have neglected or failed to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69435

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Oct 18 - 95
4. *Place of Birth, (Street and Number)* 223 Hamburg St
5. *Full Name of Mother,* Annie Riley
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. Jno C. Dick.

Address, 600 W Lanvale St

Remarks,

1895000 6845

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate of birth; and the [illegible] shall be made every month to the office of the Commissioner of Health. In case the birth be first and third day of each and every month to the office of the Commissioner of Health. In case the birth be first and shall occur without the attendance of a midwife or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, the mother or parents of such child shall be in duty bound to report the birth to the Commissioner of Health, in the manner and within the period required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69436

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 19 - 95
4. *Place of Birth, (Street and Number)* 677 N. Lombard St
5. *Full Name of Mother,* Sophie White
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. M. R. C. Brown

Address, 677 N. Lombard St.

Remarks,

8950006846

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and [illegible] day of each and every month, to the office of the Commissioner of Health. In case the birth of a child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the parents or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall severally be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

been conferred) the sex, color, the full name and occupation of the father, the full name of each child, if any shall have been delivered, duly signed by the physician or midwife, or other person who shall have delivered the first and each subsequent child, in the form of a certificate between the first and third day of each and every month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or other person, the parents of such child shall be required to report its birth to the Commissioner of Health, in like manner and within the period above required, and attendance shall be provided by the Commissioner of Health, in order that the provisions of this section shall be complied with; and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 69437

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) M
2. Race or Color, (if not of the white race) B
3. Date of Birth, Oct 19-95.
4. Place of Birth, (Street and Number) Masons Court.
5. Full Name of Mother, Chambers
6. Mother's Maiden Name, do
7. Mother's Birthplace, White
8. Full Name of Father, Unknown
9. Father's Occupation, "
10. Father's Birthplace, Colored

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address,

Remarks,

B Y 5 U 0 0 8 6 8 4 7

WM. A. G. DALANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 69438

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Howard Ferdinand Bernhard

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 19th 1895
4. Place of Birth, (Street and Number) 527 Baker st.
5. Full Name of Mother, Mrs. Fannie Bernhard
6. Mother's Maiden Name, Hartzell
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Mr. Ferdinand Bernhard
9. Father's Occupation, Wagon Driver
10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, Fred E. Milley M.D.

Address, 2239 Pennsylvania Ave.

Remarks, [redacted] 5-5-83

8950006848

Wm. J. C. Dulany Co., City Printers and Stationers.

Any Physician, Midwife or other person who shall be delivered, duly signed by the practitioner in the form of a certificate of the birth of a child, and the said schedule shall be delivered, duly signed by the Coroner or his deputy, to the parents, the date and place of birth, and the sex of such child, and every midwife or a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and with the particulars above prescribed, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 69439

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* October 19th 1895
4. *Place of Birth (Street and Number),* 411 E. Eager St Baltimore
5. *Full Name of Mother,* Emma Florence Spearman
6. *Mother's Maiden Name,* Emma Florence Brown
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Michael Spearman
9. *Father's Occupation,* Iron Moulder.
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mrs Mary Tibbs.

Address, 914 Clifton Place.

Remarks,

8950006849

Section 16. In sex, color, the full name and occupation of the parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the parent, if any, and if there be no such parent, to each and every month to the office of the Commissioner of Health. In case the birth of any child is all occurs without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately after the birth, the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period prescribed, and the person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH. 69440

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 14, 1895
4. *Place of Birth, (Street and Number)* 92 Surry
5. *Full Name of Mother,* Clara Pfaff
6. *Mother's Maiden Name,* Clara Petri
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Nute Pfaff
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, A W Leyforth

Address,

Remarks,

1 8 9 5 0 0 0 6 8 5 0

been conferred) its sex, color, the full name and occupation of its parents, date and place of birth; and the name of such child shall be delivered, duly signed by the practitioner in the form of a certificate, to the parents of such child, or to the person in charge of such child, or to the person in charge of the place where such child shall occur within twenty days after the birth of such child, and in case the birth of any child shall occur without the attendance of any physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, shall inform the person or parents of such child to report the birth to the Commissioner of Health. In the manner and within the period aforesaid, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 64441

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 12th 1895
4. Place of Birth, (Street and Number) 931 Harrison Alley
5. Full Name of Mother, Mary Carnars
6. Mother's Maiden Name, Mary Miller
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Clarence Carnars
9. Father's Occupation Labor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary L. Swayne

Address, 824 Canton St.

Remarks,

1895 00 6851

Wm. J. C. Dulany Co., City Printers and Stationers.

Birth certificate shall be delivered, duly signed by the practitioner in the form of certificate herein, within the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or should no other person be in attendance upon the mother, the midwife or other person who shall hereafter act as such midwife, or any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69442

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

Name John F. Schmidt

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 19/95
4. Place of Birth, (Street and Number) 524 N. Montford Ave.
5. Full Name of Mother, Annie Schmitt
6. Mother's Maiden Name, " Ruth
7. Mother's Birthplace, Balto.
8. Full Name of Father, John Schmitt
9. Father's Occupation Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. Mrs. Deisenhofer

Address, 2225 Gough St.

Remarks,

1 8 9 5 0 0 0 6 8 5 2

RETURN OF A BIRTH 69443

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d child.

1. Sex, (state whether male or female) Female.

2. Race or Color, (if not of the white race) White.

3. Date of Birth, Oct 19 th 1895

4. Place of Birth, (Street and Number) #1011 Ashland Ave.

5. Full Name of Mother, Mary Ann Holkins

6. Mother's Maiden Name, Mary Ann Maloney

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Michal Holkins

9. Father's Occupation, Driver.

10. Father's Birthplace, Annandle Co.

Name of Medical Attendant, or other Person who makes this Return Mrs E L White.

Address, #940 Ensor Street

Remarks,

1 8 7 5 8 0 0 3 8 5 3

...LIFT & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 69444

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Oct 19-95
4. Place of Birth, (Street and Number) 1520 Mc Elderry St
5. Full Name of Mother, Sarah Belle Austin
6. Mother's Maiden Name, " Jay
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George B Austin
9. Father's Occupation Meter Maker
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, Mrs Mary A. Allwell

Address, 1438 N. Bond St

Remarks,

8 4 5 0 0 0 6 8 5 4

Wm. J. C. Dulany Co., City Printers and Stationers.

Third day of each and every month to the office of the Commissioner of Health. Should no other person of such shall occur without the mother, immediately on the expiration of twenty days, or as required, and child to report such birth in the Commissioner of Health, in the manner and within the period of time specified in the provisions of this section shall be sub- stedance upon such mother, or other person who shall neglect or refuse to comply with the provisions of this section shall be sub- ject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69445

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 19th 1895
4. *Place of Birth, (Street and Number)* # 774 W. Saratoga St
5. *Full Name of Mother,* Mrs Chas A. Price
6. *Mother's Maiden Name,* Annie E. Hopkins
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Chas A. Price
9. *Father's Occupation* Bricklayer
10. *Father's Birthplace,* Manchester Carroll Co Md

Name of Medical Attendant, or other person who makes this Return, Eugene Harris

Address, 23 N. Poppleton St

Remarks,

1895 0006855

Wm. J. C. Dulany Co., City Printers and Stationers.

and correct) its sex, color, the full name and occupation of its parents, the date and place of birth, and the full name of such child, if any shall have been given, and shall be delivered, duly signed by the practitioner in the form of a certificate between the first and tenth days of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or another person legally authorized to perform the attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 69446

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 19 October 1894
4. *Place of Birth, (Street and Number)* 1614 N. Washington St
5. *Full Name of Mother,* Kadi Fuller
6. *Mother's Maiden Name,* Kadi Reiman
7. *Mother's Birthplace,* Baltimore, Md.
8. *Full Name of Father,* Julius Fuller
9. *Father's Occupation* Coppersmith
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Ellen Smith

Address, 504 S. Washington St

Remarks,

1 8 9 5 0 0 0 6 8 5 6

said schedule shall be delivered, duly signed by the practitioner, to the person or persons authorized to report the birth, and shall have the name and occupation of its parents, the date and place of birth, and the sex of the child, and a separate schedule for each child born, and within the period of twenty-four hours after the birth of a child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69447

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct. 19. 95
4. *Place of Birth, (Street and Number)* 1025 Hanover
5. *Full Name of Mother,* Lizzie Fleischer
6. *Mother's Maiden Name,* " Wade
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Paul Fleischer
9. *Father's Occupation* Conductor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, L. L. Buddenbohn

Address, 1417 S. Paca St.

Remarks,

1 8 9 5 0 0 0 6 8 5 7

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 69448

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 1st

1. *Sex*, (*state whether male or female*) Female
2. *Race or Color*, (*if not of the white race*) Col
3. *Date of Birth*, Oct. 19th
4. *Place of Birth*, (*Street and Number*) 750 Hanover St.
5. *Full Name of Mother*, Henrietta Matthews.
6. *Mother's Maiden Name*, " Johnson.
7. *Mother's Birthplace*, Balto.
8. *Full Name of Father*, Henry R. Matthews
9. *Father's Occupation*, Waiter.
10. *Father's Birthplace*, North Carolina

Name of Medical Attendant, or other person who makes this Return, H. T. Carr, Jr. M.D.

Address, 1962 Argyle Ave.

Remarks,

1-8950006858

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can be ascertained the full name of each child, of any shall have been conferred its sex, color, the full name and surnames of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner or attendant, or, if there be no such attendance upon the mother, then by the person who shall furnish the information, to the office of the Commissioner of Health, in the manner and within the time prescribed by the rules and regulations of said Board; and every such person who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69449

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (*state whether ~~1st, 2d, 3d, &c.~~*) 4th

1. *Sex,* (*state whether ~~male or~~ female*)

2. *Race or Color,* (*if not of the white race*)

3. *Date of Birth,* Oct 19th

4. *Place of Birth,* (*Street and Number*) 140 Penna Ave

5. *Full Name of Mother,* Mary K. Goldsborough

6. *Mother's Maiden Name,* " " Russell

7. *Mother's Birthplace,* St Mary's Co. Md.

8. *Full Name of Father,* Chas. E. Goldsborough

9. *Father's Occupation* Dairyman

10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other person who makes this Return, John G. Huck

Address, 647 N. Lafayette Ave

Remarks,

18950006859

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69430

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Boy

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Oct [illegible] 1895

4. *Place of Birth, (Street and Number)* [illegible]

5. *Full Name of Mother,* Ida Goldstein

6. *Mother's Maiden Name,* Ida [illegible]

7. *Mother's Birthplace,* Russia

8. *Full Name of Father,* Louis J. Goldstein

9. *Father's Occupation* Tailor

10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, [illegible] Lombard St.

Remarks,

18950005860

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69451

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 th.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 19th 1895.
4. *Place of Birth, (Street and Number)* 217 Conway St.
5. *Full Name of Mother,* Lina Stain
6. *Mother's Maiden Name,* Lina Saks
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Joseph Stain
9. *Father's Occupation,* Clothing Cutter
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Dr. W. Rubinstein

Address, 105 W. Barre St. Balto. Md.

Remarks,

8950006861

said or the like shall be delivered, duly signed by the practitioner in the form of a certificate, to the parents, the date and place of birth; and the father or mother, within five days after such birth, shall have power to require the said practitioner to report the birth of any child attendance upon the mother, immediately upon the birth of the child, or should no other person be in attendance upon the mother, immediately upon the birth of the child, the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period prescribed by law; and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69452

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 19 October
4. *Place of Birth, (Street and Number)* S. Bond st 707
5. *Full Name of Mother,* Josefine Sirchy
6. *Mother's Maiden Name,* Destranek
7. *Mother's Birthplace,* Böhmen
8. *Full Name of Father,* Joseph Sirchy
9. *Father's Occupation* Workman
10. *Father's Birthplace,* Böhmen

Name of Medical Attendant, or other person who makes this Return.

Address, Mary Brett

Remarks, S. Bond st 838

1 8 7 5 0 0 0 6 8 6 2

been conferred) its sex, color, the full name and occupation of its parents, the exact place of birth, and the number of each child born of the same mother, the exact place of birth, and the date of birth of each child, and the number of children born of the same mother, and shall deliver such certificate to the person who shall be in attendance upon the mother, immediately hereafter it shall become the duty of such person to report the birth to the Commissioner of Health, in the manner and within the period prescribed by the rules and regulations of the Board of Health, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69453

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color. (if not of the white race)* White
3. *Date of Birth,* 19 of October 1895
4. *Place of Birth, (Street and Number)* 1192 Aloll St
5. *Full Name of Mother,* Theres Hanus
6. *Mother's Maiden Name,* Theres Sauk
7. *Mother's Birthplace,* Bohemen
8. *Full Name of Father,* Frank Hanus
9. *Father's Occupation* Kinder
10. *Father's Birthplace,* Strasice

Name of Medical Attendant, or other person who makes this Return. Luise F. Trutera

Address, 110 Durham

Remarks,

L 8950 06863

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69454

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* Saturday Oct 19th. 1895.
4. *Place of Birth, (Street and Number)* Baltimore. # 760 N. Peter St.
5. *Full Name of Mother,* Lena Gibinger.
6. *Mother's Maiden Name,* Lena Tremmel.
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* Frank Gibinger.
9. *Father's Occupation* Cabinet maker.
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return, Wm. Bryan

Address, 744 N. Gay St.

Remarks,

8950006864

said schedule shall set, color, the full name and occupation of the parents, the name of each child (if any shall have been born before) and the number of children living and dead, the date and place of birth, and the third day of such delivery, duly signed by the practitioner in charge, and a certificate between the first and shall occur without the attendance of a practitioner or midwife, or should be born any child or children upon the mother, immediately preceding, the attending nurse shall be required to make any such report in the Commissioner of Health, in the manner and within the period above required, and jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

69455

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. *Sex (state whether Male or Female).* Male
2. *Race or Color (if not of the white race).* Colored
3. *Date of Birth* Oct 19. 95
4. *Place of Birth (Street and Number)* 663 Gorgas St.
5. *Full Name of Mother* Sarah Henderson
6. *Mother's Maiden Name* " Downing
7. *Mother's Birthplace* Virginia
8. *Full Name of Father* Hoza Henderson
9. *Father's Occupation* Laborer
10. *Father's Birthplace* Virginia

Name of Medical Attendant, or other Person who makes this Return. J. D. Lybert

Address 1214 Linden Ave

Remarks

1 8 9 5 0 0 0 6 8 6 5

RETURN OF A BIRTH. 69456

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 19 october

4. Place of Birth, (Street and Number) 1507 mulikin St

5. Full Name of Mother, Mary Sun kett

6. Mother's Maiden Name, mary Johnson

7. Mother's Birthplace, Darchester County md

8. Full Name of Father, Henry Sun kett

9. Father's Occupation Porter

10. Father's Birthplace, Acamac County Virginia

Name of Medical Attendant, or other person who makes this Return, Caroline potison

Address, 419 lewis Street

Remarks, doing well

18950006866

[illegible] the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 69457

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (State whether male or female)* Female
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* October, 19, 1895
4. *Place of Birth, (Street and Number)* 1701 - N. Front St.
5. *Full Name of Mother,* Mrs Robert Clarke
6. *Mother's Maiden Name,* Miss Josie Lyons
7. *Mother's Birthplace,* Carroll County Maryland
8. *Full Name of Father,* Mr. Robert Clarke
9. *Father's Occupation,* Shipping Man
10. *Father's Birthplace,* Freedom Carroll County Maryland

Name of Medical Attendant, or other person who makes this Return. Allen L. Hawkins M.D.

Address, 1235 - West Lafayette Avenue

Remarks, 1895000867

Is conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the full name of each child. If any shall have said schedule shall be delivered, by regular mail, to the Commissioner of Health in lieu of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In cases where the first and subsequent births shall occur without the attendance of a physician or practitioner of midwifery, or should the child of any child shall cease within the time immediately thereafter, it shall become the duty of the person or persons in charge of such child to report its birth to the Commissioner of Health. The provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A. O. BULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 69458

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Oct 19 1895
4. *Place of Birth, (Street and Number)* 1221 Bayard St
5. *Full Name of Mother,* Harriet Sutton
6. *Mother's Maiden Name,* Harriet Corlin
7. *Mother's Birthplace,* Essex County Va
8. *Full Name of Father,* Richard Sutton
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Anne Arundel Co Md

Name of Medical Attendant, or other person who makes this Return, Charlotte Williams

Address, 918 Lee Balto

Remarks,

1895000 3868

Wm. J. C. Dulany Co., City Printers and Stationers.

Sec. 1. Be it ordained, that the name and occupation of its parents, the date and place of birth, and the sex, color, the full name and occupation of its parents, the date and place of birth, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be to report its birth, the mother of such child shall within the period above prescribed, report the said child to the Commissioner of Health, in the manner and within the period above prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69457

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth. Oct 20 - 1895
4. Place of Birth, (Street and Number) 2004 Huston st.
5. Full Name of Mother, Margaret Sullens
6. Mother's Maiden Name, Lee
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James Sullens.
9. Father's Occupation Engineer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Aid of Harbor
624 Bond

GIVEN NAME ADDED 2-25-57

RETURN OF A BIRTH. 6946

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Hazel G. Bailey

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Oct 20, 1895
4. Place of Birth, (Street and Number) 578 Preston St.
5. Full Name of Mother, Mary E. Bailey.
6. Mother's Maiden Name, " Maccabee
7. Mother's Birthplace, Balto. City
8. Full Name of Father, Thomas F. Bailey.
9. Father's Occupation, R. R. Engineer
10. Father's Birthplace, Baltimore City.

Name of Medical Attendant, or other person who makes this Return, J. Edward Jaum

Address, 837 N. Eutaw St

Remarks,

1 6 4 5 0 6 0 5 8 7 0

Every month to the office of the Commissioner of Health, in the manner and within the period above required, and the practitioner in the form of a certificate between the date and place of birth; and the parents, the date and place of birth, in case the birth occurs without the attendance of a practitioner or midwifery, or should no other person be in attendance within the period hereinbefore prescribed, the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

THE J. D. BULLARD CO. CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 5-1-57 69461

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Theresa Downey

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) W
3. Date of Birth, Oct 20 1895
4. Place of Birth, (Street and Number) 2824 Elliott
5. Full Name of Mother, Kate Downey
6. Mother's Maiden Name, Kate Flynn
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Patrick Downey
9. Father's Occupation, Labourer
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Anna D Kubach Midwife

Address, 2838 Elliott

Remarks,

+ 8 9 5 0 0 0 6 8 7 +

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, the first and third day of each and every month, to the office of the Commissioner of Health, in the manner and within the time prescribed by the practitioner in the form of a certificate, in case the birth of any child shall occur upon the mother, immediately before or within two days after the birth, in the manner and within the time required, and a similar report of the birth of any such child to the Commissioner of Health, in the manner and within the time required, and shall report its birth to the Commissioner of Health, in the manner and within the time required, and any such person or persons shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69462

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 25/95
4. Place of Birth, (Street and Number) 116 S. Chester
5. Full Name of Mother, Louisa Lindeman
6. Mother's Maiden Name, Lepper
7. Mother's Birthplace, Balto
8. Full Name of Father, Gustav Lindeman
9. Father's Occupation Machinist
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs. Doisenhofer

Address, 2225 Hanfl St.

Remarks,

18950 06872

Wm. J. C. Dulany Co., City Printers.

during the [illegible] ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth: and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69463

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3-4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Oct 20th 1895
4. *Place of Birth, (Street and Number)* 1911. Fredrick Ave
5. *Full Name of Mother,* Annie Elenor Dorne
6. *Mother's Maiden Name,* Annie E Emory
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Harry Dorne
9. *Father's Occupation* Hack-driver
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm Fleischer

Address, 23 N Poppleton St

Remarks,

18950005873

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69464

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* October 20th 1895.
4. *Place of Birth, (Street and Number)* 613 Rose Street
5. *Full Name of Mother,* Nettie Withstock.
6. *Mother's Maiden Name,* Nettie Bear
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* John Withstock.
9. *Father's Occupation* Labor.
10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other person who makes this Return, Mary E. Swayne.

Address, 824 Canton St.

Remarks,

1895 0006874

J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of certificate between the first and the 15th day of each and every month to the office of the Commissioner of Health. If any such child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother of such child, then it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69465

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* M
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 10-20-95
4. *Place of Birth, (Street and Number)* 1840 N. Caroline St.
5. *Full Name of Mother,* Ina Anna B. Tuckerman
6. *Mother's Maiden Name,* Anna B. Pipe
7. *Mother's Birthplace,* City (?)
8. *Full Name of Father,* George Tuckerman
9. *Father's Occupation* Store Keeper
10. *Father's Birthplace,* City (?)

Name of Medical Attendant, or other person who makes this Return, W. T. Riley M.D.

Address,

Remarks,

1 8 9 5 0 0 0 6 8 7 5

Bailey Co., City Printers and Stationers.

RETURN OF A BIRTH. 69466

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Eva Marie Holzner

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 20 Oct 1895
4. *Place of Birth, (Street and Number)* 1815 Canton Ave
5. *Full Name of Mother,* Margreat Holzner
6. *Mother's Maiden Name,* Margreat Shaffer
7. *Mother's Birthplace,* Balti
8. *Full Name of Father,* Charls Holzner
9. *Father's Occupation* Box Maker
10. *Father's Birthplace,* Balti

Name of Medical Attendant, or other person who makes this Return. Mary E Peregoy

Address, No 768 Frederick Ave

Remarks, GIVEN NAME ADDED 12-23-53 City

h. m.

8950005876

been conferred) its sex, color, the full name of each child, if any shall have been conferred, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered by the practitioner in the form of a certificate to the father of any child born, or, in his absence, to the mother, or midwife, or, should no other person be in attendance upon the mother, immediately after birth, in the manner and within the period above recited, and shall be delivered every month to the office of the Commissioner of Health. In the manner and within the period above recited, and shall occur without the attendance of a physician or practitioner, it shall become the duty of the person or parents of such child to report its birth to the office of the Commissioner of Health, and any person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69467

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seven children

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored race.
3. *Date of Birth,* Born Oct. 20th 1895.
4. *Place of Birth, (Street and Number)* 1409 Tenfoot Alley Baltimore Md
5. *Full Name of Mother,* Hester Young.
6. *Mother's Maiden Name,* Hester Giles.
7. *Mother's Birthplace,* Dorchester County, Md.
8. *Full Name of Father,* William C. Young.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Georgeanna Brooks

Address, 1757 Mulliken St.

Remarks, No remarks.

1 6 9 5 0 0 0 6 8 7 7

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the place of its birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and fifteenth day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner, it shall become the duty of the person or persons in attendance upon the mother, immediately thereafter, to report the birth to the Commissioner of Health, in the manner and within the period herein prescribed; and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69468

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, October th- 26 1895
4. Place of Birth, (Street and Number) rain st 124
5. Full Name of Mother, Anne Brown
6. Mother's Maiden Name, Anne Walker
7. Mother's Birthplace, Colbert County
8. Full Name of Father, Sarept walker
9. Father's Occupation labur
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Farrat Sane thomas

Address, 124 west Hurey st

Remarks, full 9 months

8950068878

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] as the same can be ascertained, the full name of each child, if any shall have been born, and the sex, color, the full name and occupation of its father, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or other person, the person or parents of such child shall be required, duly signed by the parents, or one of them, or the person or parents of such child, to make a return of such birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, or other failure to comply with the provisions of this section shall be punishable, any such person or persons who shall herein fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69469

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th. Girl

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) with
3. Date of Birth, 20 Oktober 1895
4. Place of Birth, (Street and Number) 602 Rose St
5. Full Name of Mother, Klara Leimbach
6. Mother's Maiden Name, — Balk
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry P. Leimbach
9. Father's Occupation Karpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Henritte Kron Mitwife

Address, 1922 E. Fayette Str

Remarks,

+ 8 9 5 0 0 0 6 8 7 9

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] sex, color, the full name and place of birth of each child (if any, shall have been conferred), the full name and place of birth of each parent, the date and place of birth, the full name and occupation of its parent, on a certificate to be sent to the Commissioner of Health. In case there shall be no other person be-said schedule of each and every month of a physician or midwife, or of the person or parents of such child, shall be delivered, duly signed, to the office of the Commissioner of Health, in the manner and in the provisions of the section of this ordinance, within the period above specified, and shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69470

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Oct 20th, 195
4. Place of Birth, (Street and Number) No. 217 Church Str
5. Full Name of Mother, Lizzie Sudmeier
6. Mother's Maiden Name, Bente
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Sudmeier
9. Father's Occupation Driver
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs L. Cook

Address, No. 1907 E Monument Str

Remarks,

1 8 9 5 0 0 0 6 8 8 0

Wm. J. C. Dulany Co., City Printers and Stationers.

Any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69471

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 20th 1895
4. Place of Birth, (Street and Number) 319 Sharp St.
5. Full Name of Mother, Augusta Rosbach
6. Mother's Maiden Name, do Roldewey
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry C. Rosbach
9. Father's Occupation, Roofing, Plumbing, Stove
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Minch

Address, Eastchall & Montgomery

Remarks,

B 9 5 0 0 0 6 8 8 1

Wm J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date of birth and the said schedule shall be delivered monthly to the office of the Commissioner of Health, in the manner and form prescribed by the said Commissioner of Health, in the manner and form prescribed by the third day of each month, the attendance of a physician or midwife, or other person at the birth of any child shall be sufficient to report its birth to the Commissioner of Health, in the manner and form prescribed above, and also to report the number of children born at any one birth, in the manner and form required, and attendance upon the mother, immediately after the birth, shall become the duty of such physician or midwife, who shall hereafter fail to comply with the provisions of this section shall be subject to the penalty of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69472

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 20th 1895
4. Place of Birth, (Street and Number) 1329 N. Central Ave
5. Full Name of Mother, Willie C. Eyer
6. Mother's Maiden Name, Willie C. Cox
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Charles B. Eyer
9. Father's Occupation, Sales Man
10. Father's Birthplace, Chambersburg Pa

Name of Medical Attendant, or other person who makes this Return, A. G. Fraton

Address, 1301 N. Central Ave.

Remarks,

1895000688 2

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance at the delivery or accoucher or midwife, or should no other person be in attendance at the delivery or accoucher or midwife, or should the person or parents of such child or any other person who shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69473

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 20 October
4. *Place of Birth, (Street and Number)* 128 S. Broadway
5. *Full Name of Mother,* Agnes Vojtichovsky
6. *Mother's Maiden Name,* Pisarsky
7. *Mother's Birthplace,* Pole
8. *Full Name of Father,* Vojtich Vojtichovsky
9. *Father's Occupation* Workman
10. *Father's Birthplace,* Pole

Name of Medical Attendant, or other person who makes this Return. Mary Greth

Address, S. Bond st. 828

Remarks,

1 8 9 5 0 0 0 6 8 8 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69474

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 20 Oct 1895
4. Place of Birth, (Street and Number) 1120 William st
5. Full Name of Mother, Fannie Bigs
6. Mother's Maiden Name, Blair
7. Mother's Birthplace, Cecil Co
8. Full Name of Father, Henry P Bigs
9. Father's Occupation Varnisher on Steamboat
10. Father's Birthplace, Cecil Co

Name of Medical Attendant, or other person who makes this Return, Mrs E A Brooks

Address, 1128 Eutaw st

Remarks, Living Well

8950006884

month, and shall set forth safar as the same can be ascertained, the full name of each child, (if any shall have been born,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the third day of each month he shall report to the office of the Commissioner of Health, in the manner and with the attendance upon the mother, immediately thereafter fail to comply with the provisions of this section shall be subjected to the fine or fees (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69475

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Oct. 20th 1895
4. Place of Birth, (Street and Number) 226 Union Ave. Woodberry
5. Full Name of Mother, Anna R. Dostes
6. Mother's Maiden Name, Anna R. Gillard
7. Mother's Birthplace, Balt. Co. Md.
8. Full Name of Father, Eloquin Dostes
9. Father's Occupation, Laborer
10. Father's Birthplace, Balt. Co. Md.

Name of Medical Attendant, or other person who makes this Return. Geo. T. Shower, M.D.

Address, 421 Roland Ave. Hampden

Remarks,

1895 00065885

Wm J C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been born dead, the fact shall be so stated), the full name and occupation of its parents, date of birth, and the place of birth; and the certificate shall be delivered, duly signed by the practitioner or nurse, or other person, to the parents of such child, within three days of each and every month to the officer or practitioner of midwifery, or should no other person be in attendance upon the birth, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or nurse, or other person, the duty in the period above required, and shall be performed by the mother, or in her default, the father, or other person in charge of such child, and such person or persons who shall hereafter be employed in any case with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69476

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 20 1895
4. Place of Birth, (Street and Number) 2021 Hanover st
5. Full Name of Mother, Charles E Bradley
6. Mother's Maiden Name, " " Petty
7. Mother's Birthplace, Cambridge
8. Full Name of Father, Warren E Bradley
9. Father's Occupation Carpenter
10. Father's Birthplace, Laurel

Name of Medical Attendant, or other person who makes this Return. Mrs E A Lewis

Address, 1808 Eutaw st

Remarks, Burp Well

1895006886

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69477

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 20 1895
4. *Place of Birth, (Street and Number)* Hersey st 2033
5. *Full Name of Mother,* Leaney Bergman
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* William Bergman
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Harry Kahler

Address, N Washington st 100

Remarks,

1 8 9 5 0 0 0 6 8 8 7

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall be born,) the full name and occupation of its parents, the date and place of birth, and the name of the child, if any shall be delivered, only signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall become the duty of the person or parents of such child or children, or the nurse or other person in attendance upon the mother, to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

Section 1. [illegible] shall contain a list of the names which have occurred in [illegible] or let care among the [illegible] and shall set forth such as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date of its birth and the number of each and every month in the form of a certificate between the first and said schedule shall be delivered, duly signed by the City Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance when the mother, immediately thereafter, it shall become the duty of the person so attending such child to report its birth to the Commissioner of Health, duly sworn and with the particulars required, and any such person or persons who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69478

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 20 1895
4. Place of Birth, (Street and Number) Chapel st 421
5. Full Name of Mother, Eva Everist
6. Mother's Maiden Name, Farmer
7. Mother's Birthplace, Germany
8. Full Name of Father, Joseph Everist
9. Father's Occupation Labor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mary Kapsta

Address, N Washington st 208

Remarks,

1895 0006888

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 69479

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 20 95
4. Place of Birth, (Street and Number) 144 E Lombard
5. Full Name of Mother, Anna Rosenbury
6. Mother's Maiden Name, Anna Hauser
7. Mother's Birthplace, Germany
8. Full Name of Father, Isadore Rosenbury
9. Father's Occupation, Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Edson Jeen

Address,

Remarks,

L 8950 0 0 0 8 8 8 9

THE J. B. MEANY & CO., CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can be ascertained the full name of each child, if any, shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the attendant, or other person who makes this return, on a form of certificate between the first and third day of each and every month, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother immediately hereafter it shall become the duty of the person in charge of such child to report its birth to the Commissioner of Health, in the manner and with the particulars required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69480

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct. 7 9
4. *Place of Birth, (Street and Number)* 95 W Lombard St
5. *Full Name of Mother,* Mary Campbell
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, J. W. Dick

Address, 622 W Lombard St

Remarks,

1895000 6890

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 69481

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Male Vincent D—
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 11 1890
4. *Place of Birth, (Street and Number)* 1830 E Eager
5. *Full Name of Mother,* Mary J Eastwood
6. *Mother's Maiden Name,* Douglas
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Frank E Eastwood
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. J. D. Schwatka M.D.

Address, 1003 N. Eutaw

Remarks,

8950006891

Mary Eastwood Pt born Oct 3 1870

Wm. J. C. Dulany & Co., City Printers and Stationers

RETURN OF A BIRTH. 69482

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.th Boy

1. Sex, (state whether male or female) —

2. Race or Color, (if not of the white race) with

3. Date of Birth, 21 Oktober 1895

4. Place of Birth, (Street and Number) 18 N. Chapel Str.

5. Full Name of Mother, Josephine Kuhn

6. Mother's Maiden Name. Gumer

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Kuhn

9. Father's Occupation Printer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this return. Henritte Frau Hebamme

Address. 1922 E. Fayette Str.

Remarks,

1 8 9 5 0 0 0 5 8 9 2

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] on the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said attending shall deliver the full and whole of the certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the duty of the person or parents of such child to report its birth at the Office of Vital Statistics, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be and are hereby declared guilty of a misdemeanor, and shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 6943

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Theodore Key Reily

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Oct 21 '95
4. Place of Birth, (Street and Number) Jenkins Lane
5. Full Name of Mother, Sarah (Key) Reily
6. Mother's Maiden Name, Hollwood
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Albert (Key) Reily
9. Father's Occupation Clerk
10. Father's Birthplace, East Md

Name of Medical Attendant, or other person who makes this Return, Harvey Miller

Address, 1015 Walker St

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

8950006893

Sec. 5. Be it further enacted, that if the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, and the full name and occupation of its parents, the certificate between the first and said schedule shall and every month to the office of the comptroller of the city of Baltimore, a schedule of all the children delivered, duly signed by the practitioner in the office of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, commissioner of Health, in the manner prescribed by the provisions of this section shall be subject to the fine of ten (10) dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 12-12-56

RETURN OF A BIRTH. 69484

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Daniel Lawrence ~~Elliott~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct. 21th 1895
4. *Place of Birth, (Street and Number)* 3036 Hudson St
5. *Full Name of Mother,* Mary Elliott
6. *Mother's Maiden Name,* Mary Peterson
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Danial Elliott
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary L. Swayn.

Address, 824 Canton St

Remarks,

1 8 9 5 0 0 6 8 9 4

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] be given to the name can be ascertained, the full name of each child, if any shall have been conferred, the sex, date of birth, place of birth, full name, occupation of its parents, the date and place of birth, and the number of children born or delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or in default thereof, or if such child shall not be born or delivered, duly signed by the practitioner, midwife, or any other person be in attendance upon the mother, immediately upon the birth of such child, or within the period above required, and shall occur without the attendance of a physician, it shall become the duty of the person or parents of such child to report the birth in the manner and within the period above required, and shall be a misdemeanor, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

month, as shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date of birth and place of birth of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the presence of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately preceding, or at the time of the birth of such child, the person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69485

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* girl
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 21. October
4. *Place of Birth, (Street and Number)* 1818 Dallas st.
5. *Full Name of Mother,* Hesse Winter
6. *Mother's Maiden Name,* = Eberhart
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Adam Winter
9. *Father's Occupation* =
10. *Father's Birthplace,* Balt.

Name of Medical Attendant, or other person who makes this Return, Anna Walter

Address, 928 N. Carl St.

Remarks,

1 8 9 5 0 0 0 6 8 9 5

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69486

the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

d of Mother, (state whether 1st, 2d, 3d, &c.) Fifth Child

ate whether male or female) Female

Color, (if not of the white race) White

f Birth, Born October 21st

f Birth, (Street and Number) 514 Gilmore St

ame of Mother, Elizabeth Ball

's Maiden Name, Elizabeth Bearing

's Birthplace, Baltimore

ame of Father, Henry Ball

's Occupation, Grocer

's Birthplace, Baltimore

f Medical Attendant, or other person who makes this Return. Mrs Ruth Cortner

s, No 1814 Dawson St

s,

1 6 9 5 0 6 0 6 8 9 6

STATIONERS.

RETURN OF A BIRTH. 69487

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Oct 21 — 1895
4. *Place of Birth, (Street and Number)* 220 S. Caroline St.
5. *Full Name of Mother,* Emma Abl
6. *Mother's Maiden Name,* Hubner
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Joseph Abl
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Dean

Address, 1427 E. Pratt St.

Remarks,

1 8 9 5 0 0 0 6 8 9 7

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) his sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly attested by the practitioner in the form of a certificate between the first and third day of each and every month, to the Commissioner of Health, under penalty of fifty dollars for each and every month's neglect or refusal to make such return; and if any other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such Person or Persons shall be liable to a penalty, which shall be recovered as other fines and forfeitures are recoverable. Jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible], and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth: and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69488

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Oct 21st 1895

4. *Place of Birth, (Street and Number)* 1111 S. Haven St

5. *Full Name of Mother,* Catherine E. Papa Schmidt

6. *Mother's Maiden Name,* Catherine Papan

7. *Mother's Birthplace,* Balto Md

8. *Full Name of Father,* Rudolph Schmidt

9. *Father's Occupation,* Shoemaker

10. *Father's Birthplace,* Balto md

Name of Medical Attendant, or other person who makes this Return, Jos Blum

Address, 441 Fulton Av

Remarks,

895U006898

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69489

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 21, 1895
4. Place of Birth. (Street and Number) 847 Woodward St
5. Full Name of Mother, Mary E. Harman
6. Mother's Maiden Name, " " Grady
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father. George Harman
9. Father's Occupation Cigar Maker
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, H. C. Knipp M.D.

Address, 623 Scott St.

Remarks.

1895 0 0 0 6 8 9 9

Wm. J. C. Dulany Co., City Printers and Stationers.

Sex, color, the full name and occupation of the parents, the date and place of birth; and the name of each child, if any shall have been ascertained, be recorded in the form of a certificate between the first and third day of each and every month, by a physician or practioner of midwifery, or the person or parents of such child, or person in charge of such child, or the mother, if she be able, or in default of such person be in attendance, or the mother be unable, immediately thereafter, it shall become and within the period above required, and shall operate as a birth to the Commissioner of Health, it shall be the duty of the person or parents of such child to comply with the provisions of this section, and shall be the duty of any such person or persons who shall have charge of such child, or the mother, to report, and any such person or persons who shall neglect or refuse to do so, shall be deemed guilty of a misdemeanor, and shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month, to the office of the Commissioner of Health. In case no other person be in attendance upon the mother immediately thereafter, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or parents who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69490

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth. Oct 21st 1893
4. Place of Birth, (Street and Number) 21 N Pepplitan St
5. Full Name of Mother, Matilda R. Rogers
6. Mother's Maiden Name, Seddum
7. Mother's Birthplace. " Balto. Md.
8. Full Name of Father, Jno. H. Rogers
9. Father's Occupation Teamster
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes the Return. Mrs Hunter.

Address, Surgeon Hunter

Remarks, 23 N Pepplitan St

8950006900

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69491

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Oct 21 1895
4. Place of Birth, (Street and Number) 4 N. Rose St.
5. Full Name of Mother, Faustine Yaeger
6. Mother's Maiden Name, Markenwith
7. Mother's Birthplace, Germany
8. Full Name of Father, John Yaeger
9. Father's Occupation Cooper
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return Mary Stein

Address, 1427 E. Pratt St.

Remarks,

8 9 5 0 0 0 6 9 0 1

Wm. J. C. Dulany Co., City Printers and Stationers.

Book, and shall set forth after as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of its birth and the number of the child of its mother, if a female, between the first and twelfth inclusive, and shall deliver a certificate of such record to the person who shall be required by the rules of the said schedule shall be delivered, duly signed by the Directors, to the Commissioner of Health. In case the birth of any child shall occur without the office of the Commissioner of Health, the person who shall be required to report the birth of such child shall be the physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person who shall be required to report the birth of such child to report its birth to the Commissioner of Health, in the manner and within the period of time required, and any such person or persons who shall have failed to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 69492

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Oct 21st
4. *Place of Birth, (Street and Number)* 1113 Stockton St
5. *Full Name of Mother,* Amanda Stoner
6. *Mother's Maiden Name,* Amanda Kraut
7. *Mother's Birthplace,* Penna
8. *Full Name of Father,* Samuel C. Stoner
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return. J. Miller Smith, 394 Brasilmer

Address,

Remarks,

1 8 9 5 0 0 0 6 9 0 2

and schedule shall be delivered, duly signed by the practitioner in the presence of a person who shall be a witness thereof, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner of midwifery, or should no other person be in attendance upon the birth, the parent or parents of such child, or the person or persons having charge of such child, shall immediately thereafter, it shall become the duty of the person or persons so required and attendance upon the birth to the Commissioner of Health, in the manner herein provided, which shall be required and may such person or persons, who shall here after fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69493

The Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

Sex, (state whether male or female) Female

Color, (if not of the white race) White

Date of Birth, October 21st, 1895.

Place of Birth, (Street and Number) 2011 - E. Baltimore St.

Name of Mother, Ida E. Warren

Mother's Maiden Name, Ida E. Turner

Mother's Birthplace, Canada

Name of Father, Josias S. Warren

Father's Occupation Barbecuer

Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return. G. Gabriel M.D.

Residence, Edl. N. Broadway

Date, Born C. B. G. M.

8950004903

month, and shall set forth so far as the same can be ascertained the full name of each child, (if any shall have been born,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the number of children, if any, of which the mother shall have been the first and sole mother, and shall be delivered, duly signed by the practitioner in the form of a return to the Board of Health. In case the birth of any child shall occur without the attendance of a physician or other person who shall have received such certificate, such mother or other person in charge of such child shall immediately thereafter, it shall become the duty of the person or persons present, and such person or persons who shall be called to attend such mother or child, to report the birth in the manner provided in this section, and any such person or persons who shall be called to report such birth, and who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69494

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 24 1895
4. *Place of Birth, (Street and Number)* Bose st 20
5. *Full Name of Mother,* Annie Podrecky
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohaimen
8. *Full Name of Father,* Emeel Podrecky
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Bohaimen

Name of Medical Attendant, or other person who makes this Return. Mary Kaplin

Address, N Wolfe st 205

Remarks,

1 8 9 5 0 0 0 6 9 0 4

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69495

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 2/1895
4. *Place of Birth, (Street and Number)* N Washington st 205
5. *Full Name of Mother,* Francey Buchowski
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohaimer
8. *Full Name of Father,* John Buchowski
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Bohaimer

Name of Medical Attendant, or other person who makes this Return, Mary Kepts

Address, N Washington st 205

Remarks,

1895000690 5

Wm. J. C. Dulany Co., City Printers and Stationers.

months, as shall set forth after set the same can be ascertained, the full name of each child, if any shall have been entered, the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the person or persons in attendance upon the mother immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69496

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) White

3. Date of Birth, October 21 1895

4. Place of Birth, (Street and Number) Shuter st 900

5. Full Name of Mother, Annie Kovor

6. Mother's Maiden Name,

Bohaimer

7. Mother's Birthplace,

8. Full Name of Father, Anton Kovor

Labor

9. Father's Occupation

Bohaimer

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Mary Kofts

N Washington st 201

Address,

Remarks,

18950006906

month, and shall set forth asfar as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69497

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 21 October
4. *Place of Birth, (Street and Number)* Lancaster str. 1807
5. *Full Name of Mother,* Stanislava Modrak
6. *Mother's Maiden Name,* Zarnenskay
7. *Mother's Birthplace,* Pole
8. *Full Name of Father,* Andy Modrak
9. *Father's Occupation* Workman
10. *Father's Birthplace,* Pole

Name of Medical Attendant, or other person who makes this Return, Mary Brill

Address,

Remarks, S. Bond str. 838

1 8 9 5 0 0 0 6 9 0 7

months and shall set forth under as the same can be ascertained the full name of each child (if any shall have been born) of such mother, the full name and occupation of the parent, the date and place of birth, and the name of the attendant by whom such child was delivered, and shall be certified to the Commissioner of Health, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and form above prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69498

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 21 October
4. *Place of Birth, (Street and Number)* S Bond st. 529
5. *Full Name of Mother,* Hedvika Pribilsky
6. *Mother's Maiden Name,* Dujs
7. *Mother's Birthplace,* Pole
8. *Full Name of Father,* Majk Pribilsky
9. *Father's Occupation* Workman
10. *Father's Birthplace,* Pole

Name of Medical Attendant, or other person who makes this Return, Mary Pretl

Address, S Bond st. 535

Remarks,

1 8 9 5 0 0 0 6 9 0 8

Wm. J. C. Dulany Co., City Printers and Stationers.

5-22-5

RETURN OF A BIRTH 69499

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) William Welsh

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 21/95 4. a.m.
4. *Place of Birth, (Street and Number)* 1020 W. Pratt St.
5. *Full Name of Mother,* Mary ~~Welsh~~ Welsh
6. *Mother's Maiden Name,* Mary ~~Cavanaugh~~ E Cavanaugh
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Patrick ~~Welsh~~ Welsh
9. *Father's Occupation,* Laborer in Foundry
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return. A H Carlson

Address, 113 E Lexington

Remarks, Midwife in attendance (was called to deliver)

1 8 9 5 0 0 0 8 9 0 9

RETURN OF A BIRTH. 69500

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Baltimore Oct. 21/15
4. *Place of Birth, (Street and Number)* #418 W. Fayette Street Balto. Md.
5. *Full Name of Mother,* Jenia Rabak
6. *Mother's Maiden Name,* Jenia Rand
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Meyer Rabak
9. *Father's Occupation* Shoe-Maker
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. Lena Barber

Address, 414 E. York Street Balto

Remarks,

B 9 5 0 0 0 6 5 9 1 0

month, and shall set forth so far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in charge or officer of service, to the Registrar of Vital Statistics, Board of Health. In case the birth of any child shall occur without the presence of a physician or practitioner of midwifery, or should no other person be in attendance, then the mother, immediately hereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner as above prescribed, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69501

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 2.30 P.M., Oct 21, 895
4. *Place of Birth. (Street and Number)* 116 N. Hugh St.
5. *Full Name of Mother,* Annie Goldberg
6. *Mother's Maiden Name,* Annie Sam
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Jacob Goldberg
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. E. C. Applegarth, M.D.

Address, 8 East Montgomery St.

Remarks, L.O.A. Pains feeble. Labor instrumental.

No puerperal trouble.

895 0006911

Wm. J. C. Dulany Co., City Printers and Stationers.

CERTIFICATE CORRECTED 9-8-49

RETURN OF A BIRTH. 69502

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Charles ~~F. Reben~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Living Boy

1. *Sex, (state whether male or female)* ~~Female~~ Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 21 October 1895
4. *Place of Birth, (Street and Number)* Duncan Alley 1830
5. *Full Name of Mother,* Ettie Reben
6. *Mother's Maiden Name,* Ettie Schmidt
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* George Reben
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary E. Cian

Address, 1625 Hopkins

Remarks, CLAS

1895 00 06912

Health. It is a criminal act to omit to enter in a list of the births which have occurred under his or her care during the month, and shall set forth as the same can be ascertained, the full name of each child, (if any shall have been entered,) the date of its birth, the full name and occupation of its parents, the date and place of their marriage, the color, the full name and occupation of the informant, the date of the first and last day of each and every month in the form of a certificate for each birth, and shall deliver the same, duly signed, to the Commissioner of Health, or should no other person be in attendance upon the birth, the Commissioner of Health, in the manner and within the time specified, and shall occur without the city, immediately thereafter, in the manner and within the time specified, and shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69503

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Died
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 21 1895
4. *Place of Birth, (Street and Number)* Castle st 218
5. *Full Name of Mother,* Fenny Richter
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Richter
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary Skapto

Address, N Washington st 205

Remarks,

1 8 9 5 0 0 0 6 9 1 3

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been considered in sex, the date of birth, the name and occupation of its parents, the date and place of birth, and the said return shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report the birth in the manner and within the period above required, and shall become the duty of the person or parents who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69604

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) VI

1. *Sex*, (*state whether male or female*) Boy
2. *Race or Color*, (*if not of the white race*) White
3. *Date of Birth*, Oct. 21/95
4. *Place of Birth*, (*Street and Number*) 667 S. Rose Str.
5. *Full Name of Mother*, Sibilla Scanna
6. *Mother's Maiden Name*, " Ernst
7. *Mother's Birthplace*, Germany
8. *Full Name of Father*, John Scanna
9. *Father's Occupation* Laberer
10. *Father's Birthplace*, Germany

Name of Medical Attendant, or other person who makes this Return, Wm. Deisenhofer

Address, 2225 Gough Str.

Remarks,

8 9 5 0 0 0 6 9 1 4

month, and shall set forth such as the same can be ascertained the full name of each child, of any shall have been born in such place, the name of the parent, the date and place of birth of the child, and shall have such certificate shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, the person or persons in charge of such child shall report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69505

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 2, 1895
4. Place of Birth, (Street and Number) 30 44 Dillon
5. Full Name of Mother, Cordelia
6. Mother's Maiden Name, McCormack
7. Mother's Birthplace, USA
8. Full Name of Father, Robert S. McKay
9. Father's Occupation Merchant
10. Father's Birthplace, USA

Name of Medical Attendant, or other person who makes this Return. E Williams MD

Address, 1114 Chesapeake St

Remarks.

1 8 9 5 0 0 6 9 1 5

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be as far as the name can be ascertained, the full name of each child, (if any shall have been conferred) his sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the commissioner of health, by such person or persons, and the said commissioner of health shall cause a duplicate thereof to be delivered to the person in attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the commissioner of health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 3-21-35

RETURN OF A BIRTH. 69506

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Amy Blanche Wright

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 21 1915.
4. *Place of Birth, (Street and Number)* No. 1717 N. Eden St.
5. *Full Name of Mother,* Anna Wright
6. *Mother's Maiden Name,* Anna E. Pittfield.
7. *Mother's Birthplace,* Maryland.
8. *Full Name of Father,* Tom E. Wright
9. *Father's Occupation* Letter Carrier.
10. *Father's Birthplace,* Maryland.

Name of Medical Attendant, or other person who makes this Return, Aug. A. Colwell M.D.

Address, 1741 Harford Ave.

Remarks,

8950006916

month, and shall set forth as far as the same can be ascertained the full name of each child, if any, which have been conferred his sex, color, the full name and occupation of his mother, the place and date of his birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and tenth day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above prescribed; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69507

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name, Margaret Elizabeth

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 21/95
4. *Place of Birth, (Street and Number)* 508 S. Sharp st
5. *Full Name of Mother,* Etha Howard
6. *Mother's Maiden Name,* Etha Hutchinson
7. *Mother's Birthplace,* Dorchester Co Md
8. *Full Name of Father,* Frederick Howard
9. *Father's Occupation* Insurance agent
10. *Father's Birthplace,* Philadelphia Pa

Name of Medical Attendant, or other person who makes this Return. E. Nicholson M.D.

Address, 411 S. Sharp st

Remarks.

1895 0 0 6 9 1 7

been conferred) his sex, color, the full name and occupation of the parents, the date and place of birth; and the name of such child shall be delivered to the registrar of vital statistics, or to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or the person in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and child to report its birth to be Commit hereafter fail to comply with the provisions of this section shall be subject to the fine or ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69508

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct. 21st 1895
4. *Place of Birth, (Street and Number)* 343 N. Calvert St
5. *Full Name of Mother,* Cora Worthington Warren
6. *Mother's Maiden Name,* Cora " Rowe
7. *Mother's Birthplace,* Washington D.C.
8. *Full Name of Father,* Morris Gilbert Warren
9. *Father's Occupation* Commercial Traveler
10. *Father's Birthplace,* Balto. Md

Name of Medical Attendant, or other person who makes this Return, Mrs Wooden

Address, 1000 E. Hoffman St

Remarks,

8 9 5 0 0 0 6 9 1 8

Wm. J. C. Dulany Co., City Printers and Stationers.

Months is still a child, and for all the purposes of this section the full name of such child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, such person or persons who shall have delivered such child shall report its birth to the Commissioner of Health, in the manner and within the period of time prescribed in the preceding section, under the penalty of fifty dollars for such offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69509

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 22nd 1895
4. Place of Birth, (Street and Number) 423 S. Duncan Alley
5. Full Name of Mother, Dora Kurne
6. Mother's Maiden Name, Dora Lauch
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Charles Burne
9. Father's Occupation, Iron Moulder
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mary Engelhart

Address, 1726 Eastern Ave Balto Md.

Remarks,

8950006919

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69510

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 22 nd 1895.
4. *Place of Birth, (Street and Number)* 810 Potomac Street.
5. *Full Name of Mother,* Sarah Turner
6. *Mother's Maiden Name,* Sarah Obeake
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Albert Turner
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary L. Swayne

Address, 824 Canton St

Remarks,

1895000692 0

Wm. J. C. Dulany Co., City Printers and Stationers.

Month by month, in the manner and form as shall be prescribed by the Board of Health, shall be made a return of the birth of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of certificate herein prescribed, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance who shall be under the obligation to report the birth of such child, the parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69511

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) girl
2. Race or Color, (if not of the white race)
3. Date of Birth, 22 October
4. Place of Birth, (Street and Number) 1011 Lommard St
5. Full Name of Mother, Marie Richelieu
6. Mother's Maiden Name, = Fay
7. Mother's Birthplace, Balt.
8. Full Name of Father, Allen Richelieu
9. Father's Occupation = Balt.
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Anna Walker

Address, 928 N. Ash Avenue

Remarks.

1 8 9 5 0 0 6 9 2 1

Wm. J. C. Dulany Co., City Printers and Stationers.

Sec. 2. Be it further enacted, that the same shall be ascertained, the full name of each child, (if any shall have been entered,) its sex, color, the date of birth, the number of each child of its parents, the date of birth and the name and occupation of its parents, the date of marriage of its parents, the number of children born between the first and third days of each month, and every month to the office of the Commissioner of Health, in the form of a certificate, to be duly signed by the practitioner in the form of a return to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately upon the birth of such child, it shall become the duty of the person having charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69512

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 22nd of October 95
4. *Place of Birth, (Street and Number)* 418 Balto Ent.
5. *Full Name of Mother,* Una Doll
6. *Mother's Maiden Name,* Una Philipp
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Samuel Doll
9. *Father's Occupation* Broushmaker
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Friederike Keuler Midwife

Address, 2116 W Pratt St

Remarks,

1895U006922

month, and shall set forth so far as the same can be ascertained, the full name of each child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date of birth, and the place where such birth occurred. It shall be the duty of the attending physician, midwife or other person, to deliver the first day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report the same to the Commissioner of Health, in the manner and within the period above specified, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69513

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 22nd
4. *Place of Birth, (Street and Number)* Gorsuch Lane Govans Md
5. *Full Name of Mother,* Margaret L. Dudderer
6. *Mother's Maiden Name,* " Murger
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Louis C. Dudderer
9. *Father's Occupation* Letter Carrier
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other person who makes this Return, Margaret E. Kinsel

Address, 2619 Hisley St Balto Md

Remarks,

1895000 4923

been conferred) its sex, color, the full names and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed, to the person or persons who shall have charge of the office herein, at the full office hours of each and every day, or to such other officer of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above prescribed, and any mother or parents who shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69514

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 22 Oct 1895
4. *Place of Birth, (Street and Number)* 1135 William st
5. *Full Name of Mother,* Annie Brummer
6. *Mother's Maiden Name,* Gunther
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Geo Brummer
9. *Father's Occupation* Beer Collector
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Mrs E. T. Crocker

Address, 225 Lodge st

Remarks, Doing Well

1895 0006924

Sec. 1. Be it ordained, that the Board of Health shall cause to be printed blank forms of a return, which shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name or each child, (if any shall have been conferred) its sex, color, the full name and occupation of its father and mother, the place and date of birth, and the name and residence of the person or persons attending at the birth of such child; and shall deliver such blank form, or a certificate between the first and third days of each month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person attending such child to report its birth to the Commissioner of Health, in manner and within the period above required, and such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

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been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69515

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Jacob James Bankert

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 22. of October 1895.

4. Place of Birth, (Street and Number) 120 Chappel Sts

5. Full Name of Mother, Marie Bankert.

6. Mother's Maiden Name, Marie Link.

7. Mother's Birthplace, Baltimore M. D.

8. Full Name of Father, Jacob Bankert

9. Father's Occupation, Butcher

10. Father's Birthplace, Baltimore M. D.

Name of Medical Attendant, or other person who makes this Return, Mrs Ka Hille

Address, 207 N. Castle St

Remarks,

1895000 6925

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69516

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Oct 22nd 1890
4. *Place of Birth, (Street and Number)* 238 S Wash^n St.
5. *Full Name of Mother,* Catherine E. Lane
6. *Mother's Maiden Name,* " " Wingate
7. *Mother's Birthplace,* Balto.
8. *Fult Name of Father,* Geo^e Lane
9. *Father's Occupation* Mariner
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, R. W. Mansfield M.D.

Address, 129 S Broadway

Remarks,

1895000 6926

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be [illegible] as the same can be ascertained the full name of each child, (if any shall have been considered as a stillborn child, a report of its parents, the date and place of birth; and the sex of such child shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall be the duty of the person or parents of such attendance upon the mother, immediately thereafter, to give notice to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69517

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Oct 22/95
4. *Place of Birth, (Street and Number)* 1720 Ramsay st
5. *Full Name of Mother,* Ana May Lee
6. *Mother's Maiden Name,* Ana May Goebel
7. *Mother's Birthplace,* Basso City Md.
8. *Full Name of Father,* William F. P. Lee
9. *Father's Occupation* Butcher
10. *Father's Birthplace.* New York State

Name of Medical Attendant, or other person who makes this Return. Susan Thornton

Address, 23 N Pappelton St

Remarks, 1 8 9 5 0 0 0 6 9 2 7

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its father and mother, the place of birth, the said school of medicine, and the name of the attendant at the birth, if any shall have been present; and shall report the birth in the form of a certificate between the first and fifth days of each month, and deliver, or mail, the same to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become and will be the duty of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69518

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 22/95
4. Place of Birth, (Street and Number) 1515 Gough Ste.
5. Full Name of Mother, Mina Jones
6. Mother's Maiden Name, " Walsh
7. Mother's Birthplace, Balto.
8. Full Name of Father, Edward Jones
9. Father's Occupation Laborer
10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return, Mrs. Weisenhofer

Address, 2225 Gough St.

Remarks,

1 8 9 5 0 0 0 6 9 2 8

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the physician or midwife, to the person or persons who shall be the third day of each and every month, or to the Commissioner of Health. In case the birth of any child shall occur within the above mentioned period, and within the period of twenty-four hours after such birth, the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period of time prescribed in any such person or persons who shall have or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69519

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 22 th 1895
4. *Place of Birth, (Street and Number)* No 11 Heath st
5. *Full Name of Mother,* Kate Menally
6. *Mother's Maiden Name,* Kate Fickley
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James Menally
9. *Father's Occupation* Labor
10. *Father's Birthplace,* England

Name of Medical Attendant, or other person who makes this Return, Catherine Horning

Address, No 1517 Byrd st

Remarks,

1895 0 8 4 9 2 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69520

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Born October 22d 1895 - Dinner
4. Place of Birth, (Street and Number) 241 North Gilmore st
5. Full Name of Mother, Lillie B Plumer
6. Mother's Maiden Name, Adderson
7. Mother's Birthplace, Cambridge M D
8. Full Name of Father, James J Plumer
9. Father's Occupation, Carpenter
10. Father's Birthplace, Baltimore M D

Name of Medical Attendant, or other person who makes this Return,

Address, Maggie C Wales 1816 W Fayette

Remarks, 1 8 9 5 0 0 0 6 9 3 0

Wm J C. Dulany Co., City Printers and Stationers.

[illegible] 2. Sec. 2. That it shall be the duty of the parents, the date and place of birth; and the name conferred) its sex, color, the full name and the place of birth of the mother, and the name and residence of the parents, to be the practitioner in the form of a certificate between the first and third day of each month, and the attendance of a physician or practitioner of the duty of the person or parents of such said schedule shall be delivered to the office of the Commissioner of Health. In case of any child born without the attendance of a physician or practitioner, or in case of any such child born in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69521

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 22nd October
4. *Place of Birth, (Street and Number)* 38 S. Schroeder
5. *Full Name of Mother,* Maggie Caulk
6. *Mother's Maiden Name,* Maggie Scully
7. *Mother's Birthplace,* Cincinnati O.
8. *Full Name of Father,* Charles J. Caulk
9. *Father's Occupation* Railroading
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs Ludly

Address, 1004 W. Lexington St

Remarks,

1 8 9 5 0 0 0 6 9 3 1

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] and shall set forth in the same can be ascertained the full name of each child, (if any shall have been born living) the sex, and occupation of the parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, to the parent or parents of such child, or to the person in charge of the house in which such birth shall occur, within twenty-four hours after the birth, or if the birth occurs in a public institution within twenty-four hours after the birth, to the officer in charge thereof, and on the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance within twenty-four hours after the birth, the mother of the child, or the parent of such child to report its birth to the Commissioner of Health, in the manner and within the period above specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69522

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 22d 1895
4. *Place of Birth, (Street and Number)* 7 E. McRoyal ave
5. *Full Name of Mother,* Mrs Julia P. Ramsay
6. *Mother's Maiden Name,* Miss " " Von Diesen
7. *Mother's Birthplace,* Va.
8. *Full Name of Father,* James Ramsey
9. *Father's Occupation* Farmer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, L. E. Neale

Address, 108 E. Read St

Remarks,

1 8 9 5 0 0 0 6 9 3 2

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69523

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3th Girl

1. *Sex, (state whether male or female)* — — — — Girl
2. *Race or Color, (if not of the white race)* with
3. *Date of Birth,* 22 Oktober 1895
4. *Place of Birth, (Street and Number)* 1812 Canton Ave
5. *Full Name of Mother,* Marie Völker
6. *Mother's Maiden Name,* Marie Völker
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Adam Völker
9. *Father's Occupation* Bäcker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Henritte Kren Midwife

Address, 1922 E. Fayette St.

Remarks,

1895000 5933

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the name of each child of the mother, if any, the last name of each child, if any shall have died, the place of birth, and the date of death of each child, if any, and the number of such children living; and shall become liable to the penalties hereinafter provided for the same, in the case of any such person who shall neglect or refuse to make such return within the period above required, and shall neglect or refuse to make such return for the space of one month after such neglect or refusal, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69524

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 2nd

1. *Sex*, (*state whether male or female*) Male
2. *Race or Color*, (*if not of the white race*) —
3. *Date of Birth*, 10 22 95
4. *Place of Birth*, (*Street and Number*) N E 637 Port St
5. *Full Name of Mother*, Barbara Kühl
6. *Mother's Maiden Name*, Hoffman
7. *Mother's Birthplace*, Germany
8. *Full Name of Father*, Otto Kühl
9. *Father's Occupation* Driver
10. *Father's Birthplace*, Germany

Name of Medical Attendant, or other person who makes this Return. M. E. Gies

Address, N. 1907 E. Monument St

Remarks,

1 8 9 5 0 0 6 9 2 3 4

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69525

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 22nd 1895
4. Place of Birth, (Street and Number) 1307 E. Monument St
5. Full Name of Mother, Justina Bauman
6. Mother's Maiden Name, Gaa
7. Mother's Birthplace, Germany
8. Full Name of Father, Joseph Bauman
9. Father's Occupation, Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Francis A. Sauer M.D.

Address, 439 N. Central Avenue

Remarks,

1895000069 35

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 69526

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Primary

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth Oct. 22/95. 11. P.m.
4. Place of Birth, (Street and Number) 3215 Pulaski
5. Full Name of Mother, Helena Schaffer
6. Mother's Maiden Name, Helena Shuette
7. Mother's Birthplace, Germany
8. Full Name of Father, Michael Schaffer
9. Father's Occupation, Wood Carver
10. Father's Birthplace, Germany

Name of Medical Attendant, or other Person who makes this Return. A. Garlow

Address, 1136 W. Lexington St.

Remarks, Midwife in attendance, called to deliver by forceps

L 6750 0 0 6 9 3 5

Jean Murphy & Co., City Printers and Stationers.

[illegible] of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth, and the residence of the mother at the time of the birth. In case the birth of any child shall occur without the attendance of a Physician or midwife, or should no other person be in attendance upon the mother, immediately, in the manner and within the period above required, and so report its birth to the Office of Vital Statistics, the person who shall become the duty of the person or parents of such child, to report the birth, shall forthwith fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered, as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69527

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 22 1895
4. *Place of Birth, (Street and Number)* Mc Ealdery st 2027
5. *Full Name of Mother,* Mary Benniasele
6. *Mother's Maiden Name,* Garmen
7. *Mother's Birthplace,*
8. *Full Name of Father,* James Benniasele
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Garmen

Name of Medical Attendant, or other person who makes this Return, Mary Hopter

Address, S Washington st 205

Remarks,

1 8 9 5 0 0 0 6 9 3 7

[illegible] set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69528

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct. 22nd
4. *Place of Birth, (Street and Number)* 236 Eden St.
5. *Full Name of Mother,* Mary Leibovic
6. *Mother's Maiden Name,* Mary Rive
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Wolf Leibovic
9. *Father's Occupation* Taylor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. Clara Rosan

Address, 1004 E. Lombard St.

Remarks.

1 8 9 5 0 0 4 9 3 8

been correct) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health; and if any person or persons shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, the duty hereunder it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69529

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 22 1895
4. Place of Birth, (Street and Number) 403 S. High St
5. Full Name of Mother, Jennie Sattie
6. Mother's Maiden Name, Jennie Brodman
7. Mother's Birthplace, Russia
8. Full Name of Father, Gabaley Sattie
9. Father's Occupation Tailor
10. Father's Birthplace, Rossia

Name of Medical Attendant, or other person who makes this Return, Rosa Finnoberg

Address, 27 Lloyd St.

Remarks,

1 8 9 5 0 0 0 6 9 3 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69530

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 22 October
4. *Place of Birth, (Street and Number)* Lancaster st. 1704
5. *Full Name of Mother,* Julia Wroblewsky
6. *Mother's Maiden Name,* Gurna
7. *Mother's Birthplace,* Pole
8. *Full Name of Father,* Joseph Wroblewsky
9. *Father's Occupation* Trackman
10. *Father's Birthplace,* Pole

Name of Medical Attendant, or other person who makes this Return. Mary Brett

Address, S. Bond st. 838

Remarks,

1 8 9 5 0 0 0 6 9 4 0

Wm. J. C. Dulany Co., City Printers and Stationers.

Section 1. Every person who shall be or act as midwife, or shall be employed as such, within the City of Baltimore, shall be required to ascertain the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, within five days after the birth of any child to the Commissioner of Health, or a person or persons duly appointed by him, or shall be required to report the birth of any child third day of each and every month to the office of the Commissioner of Health; and if any such midwifery, or should no other person be in attendance upon the mother, the duty of the person or persons so employed as aforesaid, or of the practitioner of midwifery, or midwife, as the case may be, to report such birth shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, the duty of the person or persons so employed as aforesaid, or of the practitioner of midwifery, or midwife, as the case may be, to report such birth shall be imperative; it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above prescribed; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 69531

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex (state whether male or female),* Male
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Oct 22nd 1895
4. *Place of Birth (Street and Number),* 231 Carroll St.
5. *Full Name of Mother,* Nettie Garrett
6. *Mother's Maiden Name,* Kershaw
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* George H. Garrett
9. *Father's Occupation,*
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return. D. L. Williams M.D.

Address, 244 Carroll St.

Remarks,

1 6 9 5 0 0 0 6 9 4 1

Baltimore Publishing Co., City Printers and Stationers

shall be set forth as nearly as the same can be ascertained the full name of each child (if any shall have been born), its sex, color, the full name and occupation of its parents, the date and place of birth, and the said return shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each, to every midwife or other person, not being a practitioner, in attendance upon the birth, to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69532

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 5

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Oct 22
4. Place of Birth, (Street and Number) 1123 Coulston Ave
5. Full Name of Mother, Annie C Swartz
6. Mother's Maiden Name, Treadwell
7. Mother's Birthplace, Hartford Co Md
8. Full Name of Father, Harry B Swartz
9. Father's Occupation Fireman
10. Father's Birthplace, Hartford Co. Md.

Name of Medical Attendant, or other person who makes this Return, John G Hud

Address, 849 N Lafayette Ave

Remarks,

8750006942

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. 69533

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Nameofchild: Frank Kahrs

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* ~~Female~~ Male

2. *Race or Color, (if not of the white race)* white

3. *Date of Birth,* 22/10 04

4. *Place of Birth, (Street and Number)* Stockton Str 122

5. *Full Name of Mother,* Soffie (Kahrs) Kahrs

6. *Mother's Maiden Name,* (Reifer) Reiser

7. *Mother's Birthplace,* Hirschberg

8. *Full Name of Father,* Henrie H. (Kahrs) Kahrs

9. *Father's Occupation* Labor

10. *Father's Birthplace,* Otterstadt

Name of Medical Attendant, or other person who makes this Return, Mrs Bange

Address, 74 N Cross st

Remarks,

1895000 6943

any [illegible] have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69534

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Oct 22 1895
4. *Place of Birth, (Street and Number)* 220 S. Washington St.
5. *Full Name of Mother,* Barbara Lane
6. *Mother's Maiden Name,* Kaiser
7. *Mother's Birthplace,* Switzerland
8. *Full Name of Father,* John F. Lane
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* San-Francisco Cal.

Name of Medical Attendant or other person who makes this Return, Mary Stein

Address, 1427 E. Pratt St.

Remarks,

1 8 9 5 0 0 0 6 9 4 4

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69535

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th child

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Oct 22nd 1895
4. Place of Birth, (Street and Number) 822 Vincent Alley
5. Full Name of Mother, Eliza Williams
6. Mother's Maiden Name, Eliza Nelson
7. Mother's Birthplace, Louisa Co Va
8. Full Name of Father, Charles Williams
9. Father's Occupation Laborer
10. Father's Birthplace, Washington

Name of Medical Attendant, or other person who makes this Return, Mary Thorsey

Address, 1809 Lanvale St

Remarks,

8950006945

been conferred in the color, the full name and occupation of its parents, the date and place of birth, and the sex of each child born within the city of Baltimore, and shall deliver to the said Commissioner of Health, in the form of a certificate between the first and the third day of each and every month, a list of the births so reported to him during the month next preceding; and the said schedule shall be delivered to the said Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the father or other person or persons required and charged upon the mother, immediately thereafter it shall become the duty of the parents of such child forthwith to report the birth to the said Commissioner of Health, in the manner and within the period before specified, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69536

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Oct. 22/95
4. Place of Birth, (Street and Number) Maryland Lying-in Hospital
5. Full Name of Mother, Katie Boyle
6. Mother's Maiden Name, Katie Boyle
7. Mother's Birthplace, Maryland
8. Full Name of Father, unknown
9. Father's Occupation unknown
10. Father's Birthplace, unknown

Name of Medical Attendant, or other person who makes this Return, J. W. Krom M.D.

Address, Maryland Lying-in Hospital - Linden Ave

Remarks.

8950006945

the full name and occupation of its parents, the date and place of birth, and the ed, duly signed by the attending physician or midwife, in the form of a certificate between the first and n month of a physician or practioner of midwifery, or should no other person be ber, immediately thereafter, it shall become the duty of the parents or guardians of such o the Commissioner of Health, in the manner and within the period above required, and ons who shall neglect or refuse to comply with the provisions of this section shall be sub- n (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

m. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69537

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 22 — 95
4. *Place of Birth, (Street and Number)* 622 W. Lombard St
5. *Full Name of Mother,* Annie Alexandria
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. M. L. Gwin

Address, 622 W. Lombard St

Remarks,

8 9 5 0 0 0 6 9 4 7

Wm. J. C. Dulany Co., City Printers and Stationers.

...m contains his sex, color, the full name and occupation of its parents, the date and place of birth and the ...said schedule shall be delivered, duly signed by the practitioner, midwife or other person, to the Registrar ...third day of each and every month to the office of the Commissioner of Health. In case the birth of any child ...shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person in ...charge of the house or place where such birth shall occur to report its birth in the Commissioner of Health, in the manner and within the period above required, and ...any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69538

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c,) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Oct. 23 — 97
4. *Place of Birth, (Street and Number)* 622 W. Lombard St
5. *Full Name of Mother,* Julia Mister
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. J. McF. Dick

Address,

Remarks,

1 8 9 5 0 0 0 6 9 4 8

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth and the name of the attending physician or midwife, on a certificate to be furnished by the Commissioner of Health, within the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate herein-before set forth. In case the birth of any child third day of each and every month to the officer or other person in charge of the office of the Commissioner of Health, in the manner and form prescribed and attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period herein-before prescribed, any such person or persons who shall be found to fail to comply with the provisions of this section shall be subject to the fine of Ten (10) Dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69589

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Oct. 13-95
4. *Place of Birth, (Street and Number)* 670 Penn alley
5. *Full Name of Mother,* Lucy Green
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, M. R. Brown

Address, 670 N. Lombard St.

Remarks,

1 8 9 5 0 0 0 6 9 4 9

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said physician shall be delivered duly signed by the practitioner to the form of a certificate between the first and tenth day of each month, to the Office of the Commissioner of Health, in the City of Baltimore; and if any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subject to a jeckel to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69540

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 1st

1. *Sex*, (*state whether male or female*) Female
2. *Race or Color*, (*if not of the white race*) White
3. *Date of Birth*, Oct 28 1895
4. *Place of Birth*, (*Street and Number*) St Vincents Infant Asylum
5. *Full Name of Mother*, Julia White
6. *Mother's Maiden Name*, "
7. *Mother's Birthplace*, Balto
8. *Full Name of Father*, Not Known
9. *Father's Occupation* "
10. *Father's Birthplace*, "

Name of Medical Attendant, or other person who makes this Return, A. C. Rosin M. D.

Address, 600 North Amer

Remarks,

1 8 9 5 0 0 0 6 9 5 0

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69541

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 23 - 1895
4. *Place of Birth, (Street and Number)* 1104 Patapsco st
5. *Full Name of Mother,* Sallie Keen
6. *Mother's Maiden Name,* Rose
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Keen
9. *Father's Occupation* Cabinet maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Sarah T Harrington

Address, 924 Binney st

Remarks.

8 9 5 0 0 0 6 9 5 1

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said return shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each month, to a officer of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or shall be attended by persons who have no attendance upon the mother immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall neglect or fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69542

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Wednesday Oct 23rd 1895
4. *Place of Birth, (Street and Number)* 851 Woodward st.
5. *Full Name of Mother,* Mrs Ida May Mosbury
6. *Mother's Maiden Name,* Mrs Ida May Wilson
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Edward Franklin Mosbury
9. *Father's Occupation* Machinist
10. *Father's Birthplace,* 1238 West Lombard st Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Bange

Address, 711 N Gilmor st

Remarks,

1 8 9 5 0 0 0 6 9 5 2

been concerted in its sex, color, the full name and occupation of its parents, the date and place of birth, and the name of the attendant, or other person who shall have been present at the birth, or who shall have been consulted in the matter, shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and third day of each month, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, the nurse or other person in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69543

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 23 October
4. Place of Birth, (Street and Number) 164 West St
5. Full Name of Mother, Sofie Marie Stefston
6. Mother's Maiden Name, Hammal
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Louis Lincoln Stefston
9. Father's Occupation Porter Maker
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Mrs Barge

Address, 711 N. 6 ross st

Remarks,

8950006953

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] as far as the same can be ascertained, the full name of each child. If any shall have been conferred) its sex, color, the full name and occupation of its parents, the place of its birth and the said schedule shall be delivered, only to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine or ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 12-12-36

RETURN OF A BIRTH, 69544

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Joseph Augustin Rowley

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex* (state whether male ~~or female~~) male
2. *Race or Color,* (*if not of the white race*) white
3. *Date of Birth* Oct 23rd 1895
4. *Place of Birth,* (*Street and Number*) 636 N. Fremont St
5. *Full Name of Mother* Maggie Rowley
6. *Mother's Maiden Name* Maggie Reardon
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Joseph Rowley
9. *Father's Occupation* Book Keeper
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Amanda T. Morris, M.D.

Address 871 Harlem Ave

Remarks

1 8 9 5 0 0 0 6 9 5 4

In the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH 69545

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.

Name of child: Robert L. Wood

No. of Child of Mother, (~~*state whether 1st,*~~ *2d,* ~~*3d, etc.*~~)

1. *Sex,* (~~*state whether*~~ *male* ~~*or female*~~)
2. *Race or Color,* (~~*if not of the*~~ *white* ~~*race*~~)
3. *Date of Birth,* Octo 23d 1895
4. *Place of Birth,* (*Street and Number*) 712 N Monroe St
5. *Full Name of Mother,* Mary E Woods
6. *Mother's Maiden Name,* Mc Colm
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* William Woods
9. *Father's Occupation,* Iron Worker
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other Person who makes this Return Pearce Kintzing M.D.

Address, 601 N Franklin St

Remarks, L.O.A

8 9 5 0 0 0 6 9 5 5

"Section 1. Every Registrar, receiving a return giving the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 69546

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Colord
3. Date of Birth, October the 23 Baltimore
4. Place of Birth, (Street and Number) Oxford st No 524
5. Full Name of Mother, mord yuncler
6. Mother's Maiden Name, mord Black
7. Mother's Birthplace, Baltimore M D
8. Full Name of Father, norman yuncler
9. Father's Occupation, Baltimore M D
10. Father's Birthplace, importer

Name of Medical Attendant, or other person who makes this Return. mary Burnes

Address. Oxford st 524

Remarks, 1 8 9 5 0 0 0 6 9 5 6

Every child born in this city is a citizen, the name can be ascertained, the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the and selectate shall be delivered, duly signed by the practitioner, to the Commissioner of Health. In case the birth of any child shall occur without the assistance of a physician or practitioner of midwifery, or should no other person be in attendance, it shall be the duty of the mother, immediately thereafter, it shall become the duty of the person in the third day of each and every month to the physician or practitioner of midwifery, or should no other person be in attendance, within the period above required, and shall cause a return of the birth of such child to be made in the form of a certificate between the first and fifteenth days of each and every month to the Commissioner of Health, in the manner and form prescribed by the rules and regulations of the Board of Health, and shall be subject to the penalties provided for the violation of the rules and regulations of the Board of Health. In case of the neglect of any such person or persons who shall be required to report the birth of any child, to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. A. G. BULLEY CO CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 6-18-51

RETURN OF A BIRTH. 69547

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Jeannette F. Hecht

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) W
3. Date of Birth, Oct 23/95
4. Place of Birth, (Street and Number) 1733 Bolton St.
5. Full Name of Mother, Amelia Hecht
6. Mother's Maiden Name, " Doplz
7. Mother's Birthplace, B. C.
8. Full Name of Father, Meyer C. Hecht
9. Father's Occupation, Merchant
10. Father's Birthplace, B. C.

Name of Medical Attendant, or other person who makes this Return Geo. L. Dietrich

Address, 512 North Broadway

Remarks,

8950006957

Wm J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall be the duty of the person or persons in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69548

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* October, twenty third, eighteen hundred and ninety five
4. *Place of Birth, (Street and Number)* Baltimore City, 1108 Scott Street.
5. *Full Name of Mother,* Katie. B. Kronenberger.
6. *Mother's Maiden Name,* Katie. B. Weilbacht.
7. *Mother's Birthplace,* Baltimore City.
8. *Full Name of Father,* Laurence. Kronenberger.
9. *Father's Occupation* Shoemaker.
10. *Father's Birthplace,* Petersburg, Virginia.

Name of Medical Attendant, or other person who makes this Return, Mrs Bangs

Address, 711 N. Gross st.

Remarks,

1 8 9 5 0 0 0 6 9 5 8

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69549

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. *Sex, (state whether male or female)*
2. *~~Race or Color~~, (if not of the white race)*
3. *Date of Birth,* Oct. 23
4. *Place of Birth, (Street and Number)* Balto 15 W. Hamburg St
5. *Full Name of Mother,* Maggie Schmidt
6. *Mother's Maiden Name,* Maggie Becker
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Eckhardt Schmidt
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this return, Katie Müsch

Address, 800 Leadenhall Street

Remarks,

8950006959

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Each case cited in sec. 6 of the act, viz. the name and occupation of its parents, the date and place of birth, and the full schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and tenth day of each month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the person in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69550

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 13, 1895
4. *Place of Birth, (Street and Number)* 109 Valley St.
5. *Full Name of Mother,* Annie Doody
6. *Mother's Maiden Name,* Proctor
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* John T Doody
9. *Father's Occupation* Salesman
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, J. B. Creech M.D.

Address, 1051 Arlington St

Remarks,

8 9 5 0 0 0 6 9 6 0

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth and the maiden name of the mother, in the form of a certificate between the first and third days of each month, and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance upon the mother, immediately after birth, of a physician or practitioner of midwifery, or shall be attended by other person to be to report its birth to the Commissioner of Health, it shall become the duty of the person or persons so attending upon the mother, immediately after birth, to report to the Commissioner of Health, in the manner and within the period above required, such particulars as are required to be reported by physicians or practitioners of midwifery, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 69557

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Louise D. B. Hubbard

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex (state whether male or female),* female
2. *Race or Color (if not of the white race),*
3. *Date of Birth,* Oct 23 '95
4. *Place of Birth (Street and Number),* 2406 Mt Royal Ave
5. *Full Name of Mother,* Louise Hubbard
6. *Mother's Maiden Name,* Brownell
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Howard Hubbard
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Talbot Co.

Name of Medical Attendant, or other person who makes this Return. H Hitchcock

Address, 1008 Mad Ave.

Remarks,

Sec. 1. Be it ordained by the Mayor and City Council of Baltimore, that from and after the passage of this ordinance, the date and place of birth and the sex, color, the full name and occupation of the parents, the date and place of birth and the sex and whether shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each delivery, unless the attendant shall offer reasonable excuse for the delay, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner, the parents or other person in charge of such child or the person in the house where the mother, immediately thereafter, shall be the duty of the person or persons so required, and any such person or persons to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers

RETURN OF A BIRTH. 69552

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 23 October
4. *Place of Birth, (Street and Number)* Aliciana 1628
5. *Full Name of Mother,* Josephine Richvalsky
6. *Mother's Maiden Name,* Zafadovič
7. *Mother's Birthplace,* Pole
8. *Full Name of Father,* Andy Richvalsky
9. *Father's Occupation* Work-man
10. *Father's Birthplace,* Pole

Name of Medical Attendant, or other person who makes this Return.

Address, S. Bond st. 838

Remarks. Mary Bretl

8950006962

been conferred) the sex, color, the full name and occupation of its parents, the date and place of birth, and the name of the attendant, if any, and the number of children of the mother, including the child last born, and the said schedule shall be delivered, duly signed by the practitioner in the City of Baltimore, within the first ninety days of each and every month to the officer of the Board of Health, in the manner and form prescribed by the said schedule. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, then it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and form prescribed, and such report shall be made immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and form prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69553

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Wednesday Oct 23rd
4. *Place of Birth, (Street and Number)* 515 Campbell St
5. *Full Name of Mother,* Emily Amanda Whitaker
6. *Mother's Maiden Name,* Armiger
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* James Edgar Whitaker
9. *Father's Occupation* House Painter
10. *Father's Birthplace,* Pittsburgh Pa.

Name of Medical Attendant, or other person who makes this Return, Mrs. A. M. Bishop

Address, No. 1137 Carroll St.

Remarks,

8950006963

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 69554

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) .....

1. *Sex (~~state whether~~ male ~~or female~~),* .....
2. *Race or Color (~~if not of the~~ white ~~race~~),* .....
3. *Date of Birth,* 23 Oct 1895
4. *Place of Birth (Street and Number),* 254 E. Chapel St
5. *Full Name of Mother,* Mrs Wallburga V. Preller
6. *Mother's Maiden Name,* Wallburga V. Geesmann
7. *Mother's Birthplace,* Baltimore, Md
8. *Full Name of Father,* Conrad Preller
9. *Father's Occupation,* Bricklayer
10. *Father's Birthplace,* Bavaria Germany

Name of Medical Attendant, or other person who makes this Return. A. Lennard M.D.

Address, 125 Fenton Avenue

Remarks, Baltimore Md.

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Publishing Co., City Printers and Stationers

ferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of the attendance of the practitioner, or within twelve hours after the birth, if attended by a midwife or other person, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner or midwife, the schedule shall be signed by the father or other person having charge of the mother; immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said method shall be delivered, duly signed by the practitioner in the form of certificate herein prescribed, to the Registrar of Vital Statistics, or to the person in charge of the office of the Commissioner of Health. In case the birth shall occur without the attendance of a physician or a certified midwife, or should no other person be in attendance upon the mother, immediately thereafter, or practitioner of midwifery, or should no other person be in charge of the office of the Commissioner of Health, in the manner and within the period above required, and every person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered, as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69555

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* female.
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 23 October 1895.
4. *Place of Birth, (Street and Number)* 3036 Boston street.
5. *Full Name of Mother,* Valentine Blöer
6. *Mother's Maiden Name,* — Jawors Pa.
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father.* Johan Blöer.
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return, Mrs P. Lietzemann.

Address, 1208 Hare street.

Remarks,

1895 00 06965

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69556

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 23 October
4. *Place of Birth, (Street and Number)* Eastern Avenue 1613
5. *Full Name of Mother,* Janina Kurzyjanska
6. *Mother's Maiden Name,* Hilsandt
7. *Mother's Birthplace,* Russland
8. *Full Name of Father,* Mierzyslaw Kurzyjanska
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russland

Name of Medical Attendant, or other person who makes this Return Mary Gretl

Address, 1 Bond st 838

Remarks,

8950006966

Wm. J. C. Dulany Co., City Printers and Stationers.

months, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been born alive,) its sex, color, the full name and occupation of the parents, the date and place of birth, and the number (if any) of each child delivered, duly signed by the practitioner in the case, the date and place of birth, and the sex of any child born dead, and shall deliver a certificate to the person or parents of such child, and within the first and third day of each month to the office of the Commissioner of Health, in the manner hereinafter provided, a return of all births which shall occur without the attendance of a practitioner or midwifery, or should no other person be in attendance upon the mother, immediately thereafter, and within the period above required, and any such person or parents who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69557

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct. 23/95
4. *Place of Birth, (Street and Number)* 218 Harrison St. Balto. Md.
5. *Full Name of Mother,* Sheifora Weinstein
6. *Mother's Maiden Name,*
7. *Mother's Birthplace.* Russia
8. *Full Name of Father,* Morris Weinstein
9. *Father's Occupation* Waiter
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. Mrs Rena Barber

Address, 1126 York Street Balto

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

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Said schedule shall be delivered, duly filled in, by the attendant, the date and place of birth, and the sex, color, and occupation of the parents, the date and place of birth, and the full name of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and the 10th day of the month, immediately thereafter it shall become the duty of the person or per- sons in attendance upon the mother, or in the absence of such person or persons, the duty of the person or per- son in charge of the house or premises where such child is born, to report its birth to the Commissioner of Health, in the manner and within the period above required, and such person or persons who shall neglect or refuse to comply with the provisions of this section shall be sub- ject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69 5-58

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 23 October
4. Place of Birth, (Street and Number) Aisquith str. 806
5. Full Name of Mother, Barry Rudkovsky
6. Mother's Maiden Name, gallat
7. Mother's Birthplace, Böhmen
8. Full Name of Father, John Rudkovsky
9. Father's Occupation Stevedor
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return. Mary Rell

Address, S. Bond st. 838

Remarks,

1 8 9 5 0 0 0 6 9 6 8

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 69559

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) #1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 10/23/95
4. *Place of Birth, (Street and Number)* 116 E Hamburg st
5. *Full Name of Mother,* Elizabeth Lewis
6. *Mother's Maiden Name,* " Evans
7. *Mother's Birthplace,* Balto Co
8. *Full Name of Father,* Jos Lewis
9. *Father's Occupation,* Miller
10. *Father's Birthplace,* England

Name of Medical Attendant, or other person who makes this Return. E. D. Ellis M.D.

Address, 733 W Fayette st

Remarks,

1 8 9 5 0 0 0 6 9 6 9

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born, the date and place of birth, the name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the attendant or person in charge of the child, to the Registrar of the third day of each and every month to the office of the Commissioner of Health, a certificate between the first and attendance within the attendance of a physician or practitioner of midwifery, or should no other person have been present at the birth of any child, the mother of such child shall be the person who shall make the certificate, and be the person who shall report the birth of any such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. A. G. McKEY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 69560

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct. 23. 1895
4. *Place of Birth, (Street and Number)* 410 N. Hoffman St.
5. *Full Name of Mother,* Grace Smith
6. *Mother's Maiden Name,* Grace Jones
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* Harold Smith
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return. Louise Eakins M.D. Res. Phys.

Address, Maternity Bonaparte Medical College

Remarks, 410 N. Hoffman St.

8 9 5 0 0 0 6 9 7 0

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69561

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 3rd

1. *Sex*, (*state whether male or female*) Male
2. *Race or Color*, (*if not of the white race*) White
3. *Date of Birth*, Oct. 24/95
4. *Place of Birth*, (*Street and Number*) 228 Deegan's Wharf
5. *Full Name of Mother*, Annie G. McKeever
6. *Mother's Maiden Name*, " " Hogan
7. *Mother's Birthplace*, B. C.
8. *Full Name of Father*, Frank McKeever
9. *Father's Occupation*, Restaurant Keeper
10. *Father's Birthplace*, B. C.

Name of Medical Attendant, or other person who makes this Return, Geo. L. Milton

Address, 6 N. Broadway

Remarks,

8950006971

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 69562

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ninth.

1. *Sex (state whether male or female),* Male.
2. *Race or Color (if not of the white race),* White.
3. *Date of Birth,* 24th of October 1895
4. *Place of Birth (Street and Number),* 137 Wilson St.
5. *Full Name of Mother,* Mary O'Brien.
6. *Mother's Maiden Name,* Loftus.
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* Joseph O'Brien.
9. *Father's Occupation,* Laborer.
10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other person who makes this Return. Mrs Mary Tubb.

Address, 914 Eliptod Place.

Remarks,

8 9 5 0 0 0 6 9 7 2

Baltimore Publishing Co., City Printers and Stationers.

ferred), its sex, color, the full name and occupation of the parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, or by the person who shall have charge of each and every month to the office of the Commissioner of Health. In case the birth of any child is attended by a midwife, instead of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth of any child, the person so employed and acting with intent to report its birth to the Commissioner of Health, in the manner and within the period prescribed, and any such midwife or person who shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of twenty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69563

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) five

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, October Thursday 24 1895
4. Place of Birth, (Street and Number) No. 300 Bartlett Street
5. Full Name of Mother, Mary Lowers
6. Mother's Maiden Name, Mary Walther
7. Mother's Birthplace, Lenox Street
8. Full Name of Father, Frederick W Lowers
9. Father's Occupation, blacksmith
10. Father's Birthplace, Washington

Name of Medical Attendant, or other person who makes this Return, Susan Hunter

Address, 238 Appleton St

Remarks,

8 9 5 0 0 0 6 9 7 3

been conferred) its sex, color, the full name and occupation of its parents, the date and place of its birth, and the name of the physician or midwife who shall have attended at the birth of such child, and shall within the period above required, and within the period above required, and shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69564

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Balto. Oct. 24 1900
4. Place of Birth, (Street and Number) 117 Colton St. Balto. Md.
5. Full Name of Mother, Clara Brownstein
6. Mother's Maiden Name, Russia
7. Mother's Birthplace, Jules Brownstein
8. Full Name of Father, Tailor Cape
9. Father's Occupation, Russia
10. Father's Birthplace, M. W. Louis Bartlar

Name of Medical Attendant, or other person who makes this Return, 721 E. York St. Balto.

Address,

Remarks,

8950086974

Wm. J. C. Dulany Co., City Printers and Stationers.

Sec. 1. In sex, color, the full name and occupation of its parents, the date and place of birth and the number of children of the mother, shall be signed by the practitioner in the form of a certificate to be sworn to by the first and said schedule shall be delivery month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother immediately after the birth of any child, the person who shall be the first to see the child to report its birth to the Commissioner of Health, in the manner and within the period of time specified in this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 69585

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th 2nd 9th

1. Sex, (state whether ~~male~~ or female) Both Female
2. Race or Color, (if not of the white race) Black
3. Date of Birth, Oct. 24 1895.
4. Place of Birth, (Street and Number) 810. N. Woodyear
5. Full Name of Mother, Emma Jackson
6. Mother's Maiden Name, Emma Harris
7. Mother's Birthplace, West River Md.
8. Full Name of Father, Samuel Jackson
9. Father's Occupation, Waiter
10. Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this Return. G. W. Slater M.D.

Address, 1634 W. Fayette St.

Remarks,

8 9 5 0 0 0 6 9 7 5

[illegible] conferred the sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the officer of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be present at the birth, the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten 100 dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[illegible] shall set forth, so far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69566

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 24th of October 95

4. Place of Birth, (Street and Number) 748 Frederick Road

5. Full Name of Mother, Elise Bender

6. Mother's Maiden Name, Elise Peregoy

7. Mother's Birthplace, Balto

8. Full Name of Father, Henry Bender

9. Father's Occupation Butcher

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Friederike Keuler Midwife

Address, 2116 W Pratt St.

Remarks,

~~8950006976~~

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69567

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 24 Oct
4. *Place of Birth, (Street and Number)* 814 W Lee St
5. *Full Name of Mother,* Geo Sallie Weaver
6. *Mother's Maiden Name,* Sallie Houghton
7. *Mother's Birthplace,* Sunbury, Pa
8. *Full Name of Father,* Geo H Weaver
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs Bange

Address, 711 N. Cross St.

Remarks,

8950006977

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in the city of Baltimore; and shall come without the attendance of a physician or midwife, then the duty of reporting the birth of a child shall devolve upon the other immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69568

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 24, 1895
4. *Place of Birth, (Street and Number)* 505 Bond St
5. *Full Name of Mother,* Sarah Furman
6. *Mother's Maiden Name,* Sarah Furman
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Lewis Furman
9. *Father's Occupation* Store keeper
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. Rosa Fineburg

Address, 27 Lloyd St

Remarks,

8950006978

Wm. J. C. Dulany Co., City Printers and Stationers.

Note.—Any person who shall make false or fraudulent statements in any of the particulars required by this schedule, or who shall be guilty of any fraud or deceit in the premises, or who shall have been convicted of any offence under the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69569

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* October 24. 4 o'clock A. M.
4. *Place of Birth, (Street and Number)* 431 Conway Street
5. *Full Name of Mother,* Antonie, Elisabeth Zöllner,
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* ? Lithauen
8. *Full Name of Father,* Anton Zöllner,
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* ? Lithauen

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Lamm for the

Address, Mothers Relief Society, 632 N. Fremont Ave.

Remarks,

8 9 5 0 0 0 6 9 7 9

RETURN OF A BIRTH. 69570

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) Second

1. *Sex*, (*state whether male or female*) Female
2. *Race or Color*, (*if not of the white race*) White
3. *Date of Birth*, October 24
4. *Place of Birth*, (*Street and Number*) 1135 Battery Ave.
5. *Full Name of Mother*, Lina Schalotta Bennett
6. *Mother's Maiden Name*, Lina Schalotta Frank
7. *Mother's Birthplace*, Baltimore Md.
8. *Full Name of Father*, John Bennett
9. *Father's Occupation*, Can maker Fruit Supplies
10. *Father's Birthplace*, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Dr. Münch

Address, 800 Lawrenson Street

Remarks,

1 8 9 5 0 0 0 6 9 8 0

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the name and residence of the attendant, if any, shall be entered in the form of a certificate between the 1st and 10th day of each and every month to the office of the Registrar of Vital Statistics, Board of Health, and shall be duly signed by the practitioner or midwifery of the person or parents of such child, or in case there be no such practitioner or midwifery, of the person or parents of such child, or in case there be no such person or parents, then by some other person in the place where such child shall be born, and such certificate shall become the property of the Board of Health, and shall be subject to the inspection of the Commissioner of Health, in the hours with the provisions of this section, and shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 8-29-56

RETURN OF A BIRTH. 69571

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Harold Andrew ~~Baals~~ Wirth

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Legitimate

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 24 1895
4. *Place of Birth, (Street and Number)* Pennsylvania Avenue & Pitcher St.
5. *Full Name of Mother,* Margaret A. Wirth
6. *Mother's Maiden Name,* " Baals
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Andrew Wirth
9. *Father's Occupation* Tobacconist
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary Brewer, M.D.

Address, 1106 McCulloh St.

Remarks,

8 9 5 0 0 0 6 9 8 1

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) his sex, color, the full name and occupation of its parents, the date and place of birth; and the said certificate shall be signed by the Commissioner of Health, or some other person, and every such child shall be registered in the office of the Commissioner of Health, and every such certificate between the first and third day of each and every month to the said Commissioner of Health, and every such child born within the said City shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child or children to give notice of such birth, in writing, to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in form of a certificate, within one week after the birth of each child, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, then the mother or father, if able, shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69572

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. *Sex, (state whether male or female)* Boy.
2. *Race or Color, (if not of the white race)* White Race
3. *Date of Birth,* Oct 24th 1895
4. *Place of Birth, (Street and Number)* 1258 Johnson st.
5. *Full Name of Mother,* Carolina Grill
6. *Mother's Maiden Name,* Edellmann
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* William Grill
9. *Father's Occupation* Workman
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Carolina Schwarz

Address, 434 E. Fort ave.

Remarks,

8950006982

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69573

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* F
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Oct 24 95
4. *Place of Birth, (Street and Number)* 1507 Yales Road
5. *Full Name of Mother,* Mary Forley
6. *Mother's Maiden Name,* " Miller
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Wm G. Forley
9. *Father's Occupation* Plasterer
10. *Father's Birthplace,* Va

Name of Medical Attendant, or other person who makes this Return, J. M. Hendley

Address, 100 N. Eutaw Ave

Remarks,

8 9 5 0 0 0 6 9 8 3

Wm. J. C. Dulany Co., City Printers and Stationers.

Note.—We shall see hereafter as the same can be ascertained, the full name of each child, (if any, which have been omitted) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said charge of each and every person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69574

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, October 24 1895
4. Place of Birth, (Street and Number) 130 S Bethel St City
5. Full Name of Mother, Charlotte Johnson
6. Mother's Maiden Name, Charlotte Francis
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William J. Johnson
9. Father's Occupation, Ship Caulker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Susie Hooper

Address, 123 N Durham Street

Remarks, No Remarks Doing Well so far

1 8 9 5 0 0 0 6 9 8 4

Wm J. C. Dulany Co., City Printers and Stationers.

Every physician, midwife, or other person who shall hereafter attend upon any woman in labor, or who shall be in attendance within the period above required, and who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 695'75

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 24 - 1895
4. Place of Birth, (Street and Number) Ramsey Md 1893
5. Full Name of Mother, Emma J Carrick
6. Mother's Maiden Name, Emma J Hunter
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Arthur B Carrick
9. Father's Occupation Clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs S Kelley

Address, No 19 22 Milton Ave

Remarks,

8950006985

Wm. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the attending Commissioner in the form of a certificate hereinbefore provided, on the third day of every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance upon the mother, immediately after the birth, of any person other than the first and shall occur without the attendance of a physician or practioner of medicine, the duty of the person so in any such report of a birth to the Commissioner of Health shall become the duty of the person next in attendance upon the mother, immediately after the birth, to comply with the provisions of this section, and be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69576

GIVEN NAME ADDED, 11-15-61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Frank L. Holland

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, October 24th 95
4. Place of Birth, (Street and Number) 220 Hamburg Str
5. Full Name of Mother, Dena Holland
6. Mother's Maiden Name, " Lafin
7. Mother's Birthplace, North Carolina
8. Full Name of Father, Negro Holland
9. Father's Occupation, Sailor
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Hannah Hatchett

Address, 609 Campbell St.

Remarks,

8 9 5 0 0 0 6 9 8 6

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after birth, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above stated, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence; to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69577

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 24/95
4. *Place of Birth, (Street and Number)* Maternity. 113+115 N. Lombard
5. *Full Name of Mother,* Mamie Smith
6. *Mother's Maiden Name,* Mamie Smith
7. *Mother's Birthplace,* North Carolina
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Chas. E. Brack M. D.

Address, 113+115 N. Lombard St.

Remarks,

8 9 5 0 0 0 6 9 8 7

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate herein provided, and the birth of each child, or in case of stillbirth, or if no person other than a midwife be in attendance, the birth of such child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and with the information required, and each person or persons who shall thereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69578

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 24 1895
4. Place of Birth, (Street and Number) 1641 N Caroline St
5. Full Name of Mother, Florence Marzi
6. Mother's Maiden Name, Florence Kraemer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Harry Marzi
9. Father's Occupation Clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, J. F. Manlove M.D.

Address, 1701 N Caroline St

Remarks,

8950006988

Wm. J. C. Dulany Co., City Printers and Stationers.

Every person who shall make a false return of a birth which have occurred under his or her care during the preceding month, or who shall neglect or refuse to make such return, shall be required to give the full name of each child, (if any shall have been born,) the date of birth, the sex, color, the full name and occupation of the parents, the place and place between the first and second days of each month, the name of the petitioner in the form of a certificate, in case the birth of any child shall be delivered, duly signed, to the office of the Commissioner of Health, or should no other person of such shall occur without the knowledge of the parents, in the manner and within the period above required, and shall be subjected to the same penalties as are provided for the neglect of a physician or practitioner to make such return, and the said day of each and every month of a physician or practitioner, in case the birth of any child shall occur without the knowledge of the parents, in the manner and within the period above required, and attendance upon the birth in the Commissioner's office, or other person who shall neglect or refuse to make such return, shall be subjected to the same penalties as are provided for the neglect of a physician or practitioner. In case the birth of any child shall occur without the knowledge of the parents, in the manner and within the period above required, and any person or persons who shall neglect or refuse to make such return, shall be subjected to the same penalties as are provided for the neglect of a physician or practitioner. In case the birth of any child shall occur without the knowledge of the parents, in the manner and within the period above required, and any person or persons who shall neglect or refuse to make such return, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 12-13-56

RETURN OF A BIRTH. 69579

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Charles Francis Nussear

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 25th 1895
4. Place of Birth, (Street and Number) 1423 Holbrook St.
5. Full Name of Mother, Fannie H. Nussear
6. Mother's Maiden Name, Fannie H. Hurrier
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Charles H. Nussear
9. Father's Occupation, Machinist
10. Father's Birthplace, Frederick Co. Md.

Name of Medical Attendant, or other person who makes this Return, A. G. Watson

Address, 1301 N. Central Ave

Remarks,

8 9 5 0 0 0 6 9 8 9

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the mother, or, if she shall be unable, the person in attendance upon the mother, immediately thereafter shall become the duty of the person in charge of such child or occupant of the premises where such birth shall occur to give notice of such birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69580

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 25/95
4. *Place of Birth, (Street and Number)* 2512 E. Baltimore St
5. *Full Name of Mother,* Catherine M. L. Foss
6. *Mother's Maiden Name,* Catherine M. J. Kloffer
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* John H. Foss
9. *Father's Occupation* Brick Maker
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return Rachel M.D.

Address. 201 S. Broadway

Remarks. Born 4.07 A.M.

6950006990

Wm. J. C. Dulany Co., City Printers and Stationers.

Sec. 6. Shall be sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the attendant, or other person who shall make the return of certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case of birth of any child without the attendance of a physician or practioner of midwifery, or should no other person be in attendance within twenty-four hours after the birth, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the name of the attendant, signed by the practitioner in the form of a certificate between the first and said schedule shall be delivered, within twenty-four hours after the birth of any child born within any city or town in this State, to the office of the Commissioner of Health, and should no other person be in attendance upon the mother, immediately report to the Commissioner of Health, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69581

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Oct. 20
4. *Place of Birth, (Street and Number)* 507 X Alley 24 Johns
5. *Full Name of Mother,* Susie
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. Dr. C. J. Dick

Address, 677 N. Lombard St

Remarks,

8950006991

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69582

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Twins (both male) 1 born dead
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Oct. 25-95
4. Place of Birth, (Street and Number) 207 Winter St
5. Full Name of Mother, Cassie Spencer
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. M. R. Brown

Address, 607 N. Lombard St

Remarks,

1 8 9 5 0 0 0 6 9 9 2

been committed in sex, color, the full name and occupation of its parents, the date and place of birth and the name of the child if any be delivered, duly signed by the practitioner in the form of a certificate herein, the first and said delivery of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, Commissioner of Health, in the manner and within the period above prescribed, such child to report to the Health Department, or shall be required to report such birth within the period above prescribed, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69583

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 25th 1895
4. *Place of Birth, (Street and Number)* 907. S. Fremont Ave
5. *Full Name of Mother,* Annie Frances Fay
6. *Mother's Maiden Name,* Annie Frances Kean
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* George Charles Fay
9. *Father's Occupation,* Cigar Box Maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Sabach

Address, 735 N. Pratt st

Remarks,

1895006993

been conferred) its sex, color, the full name can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name of each place of birth; and the said schedule shall be delivered, duly signed by the parents, first and place of birth; and the said schedule shall be delivered, duly signed by the parents, first and place of birth; and the shall deliver within one month to the Commissioner of Health, or should no other person be in attendance upon the attendance of a physician or practitioner of Health. In case the birth of the first and child to report its birth to the Commissioner of Health, in the manner and within the period above prescribed, and shall deliver within one month to the Commissioner of Health, or should no other person be in attendance upon the attendance of a physician or practitioner of Health. In case the birth of the first and child to report its birth to the Commissioner of Health, in the manner and within the period above prescribed, and any other person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 69584

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Mall

2. Race or Color, (if not of the white race) White

3. Date of Birth, 25th of October 45

4. Place of Birth, (Street and Number) 1426 Hoffman St

5. Full Name of Mother, Laura Bell

6. Mother's Maiden Name, Laura Reinald

7. Mother's Birthplace, Balto

8. Full Name of Father, Joseph F. Bell

9. Father's Occupation Blacksmith

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Friederike Heuler Midwife

Address, 2116 W Pratt St

Remarks,

8950006994

Wm. J. C. Dulany Co., City Printers and Stationers.

Sec. 7. Be it further ordained, That it shall be the duty of every person who shall have been conferred the degree of Doctor of Medicine, or who shall be a practitioner of midwifery, or who shall be a nurse, or who shall be in attendance upon any woman in labor, within the City of Baltimore, to report to the Commissioner of Health, in the manner and form prescribed by the said ordinance, the birth of every child born within the said City, within the period above required, and shall occur without the attendance of a physician or a person who shall become the duty of the person in attendance upon the mother, hereinafter mentioned, to report the birth of such child, in the manner and form prescribed by the said ordinance, or who shall fail to report the birth of any child born within the said City, within the period above required, and shall be guilty of a misdemeanor, and the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Sec. 8. Be it further ordained, That it shall be the duty of every person who shall have been conferred the degree of Doctor of Medicine, or who shall be a practitioner of midwifery, or who shall be a nurse, or who shall be in attendance upon any woman in labor, within the City of Baltimore, to report to the Commissioner of Health, in the manner and form prescribed by the said ordinance, the birth of every child born within the said City, within the period above required, and shall be guilty of a misdemeanor, and the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

OTHER NAME ADDED 3-7-55

RETURN OF A BIRTH. 69588

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Edna Margaret Maas

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 25th 1895
4. *Place of Birth, (Street and Number)* 2411 York Road
5. *Full Name of Mother,* Henrietta Maas
6. *Mother's Maiden Name,* Henrietta Hausa
7. *Mother's Birthplace,* Elbing Prussia
8. *Full Name of Father,* John Maas
9. *Father's Occupation,* Shoemaker.
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Sarah Wooden

Address, 1000 East Hoffman St.

Remarks,

8 9 5 0 0 0 6 9 9 5

Will, that will not avoid, so far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of the parents, the date and place of birth, and the said information shall be delivered to the Commissioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after birth, the mother, or other person in charge, is required, and only to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. O. SULLIVAN CO. CITY PRINTERS AND STATIONERS.

GIVEN NAME ADDED 9-13-57

RETURN OF A BIRTH. 69586

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Lillian Williams

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~Female~~ 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Oct. 25th 95
4. Place of Birth, (Street and Number) Eutaw St.
5. Full Name of Mother, Bessie Williams
6. Mother's Maiden Name, Hubert
7. Mother's Birthplace, Frederick Md.
8. Full Name of Father, Henry Williams
9. Father's Occupation, Private Messenger
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Hannah Hatchett

Address, 609 Lambell st.

Remarks,

8950006996

Wm J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a duly qualified practitioner, it shall be the duty of the person or persons in charge of the mother, immediately thereafter to report the birth of such child to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

been conferred; the sex, color, the full name and occupation of the parents, the date and place of birth; and the name of the attendant who shall be delivered, duly signed by the Office Commissioner of Health. In case no other person be in said attendance upon the mother at the time of delivery, or should the person or parents of such child be unable to write, the mark of each and every month to the physician or practitioner of midwifery, or the person or parents of such child shall occur without the attendance of a physician or midwife, the person who shall become aware of such fact shall immediately thereafter, it shall become and within the period above recited, and shall report the same to the Commissioner of Health, in the manner and form as shall be required, and shall comply with the provisions of the ordinances of the City of Baltimore, in default thereof, the child to report or persons who shall herein fail to comply with the provisions of the said ordinances, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69587

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex. (state whether male or female) Female

2. Race or Color. (if not of the white race) White

3. Date of Birth. October 25, 1895

4. Place of Birth, (Street and Number) No. 1413 E. Fairmount St.

5. Full Name of Mother, Sarah E. Schindler

6. Mother's Maiden Name, Sarah E. Levey

7. Mother's Birthplace. Maryland

8. Full Name of Father, Oscar Schindler

9. Father's Occupation Cigar Maker

10. Father's Birthplace. Germany

Name of Medical Attendant, or other person who makes this Return. Geo. A. Elwell, M.D.

Address, 1214 Hartford Ave.

Remarks,

8950006997

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69588

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 25 October
4. *Place of Birth, (Street and Number)* Aliciana str. 1319
5. *Full Name of Mother,* Julia Ujičkowsky
6. *Mother's Maiden Name,* Blanzvork
7. *Mother's Birthplace,* Pole
8. *Full Name of Father,* Kazmir Ujičkowsky
9. *Father's Occupation* Workman
10. *Father's Birthplace,* Pole

Name of Medical Attendant, or other person who makes this Return, Mary Ratl

Address, S. Bond str. 838

Remarks,

8950006998

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate to the mother, if living, and the third day of each and every month to the Registrar of Vital Statistics, Board of Health. In case the birth of any child shall have occurred without the attendance of a physician or practitioner, the mother, or in her absence, the person in charge of the house, or any other person who shall become the city, or should no other person be in attendance, the person in charge of the house, or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above prescribed, and any such person or persons who shall hereof fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other dues and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69589

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 25 1895
4. Place of Birth, (Street and Number) Harrison St Homestead 2d Number
5. Full Name of Mother, Josie Shirky
6. Mother's Maiden Name, Bizet
7. Mother's Birthplace, Md
8. Full Name of Father, Charles F Shirky
9. Father's Occupation Carpenter
10. Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this Return, H Young Westbrook M D

Address, 27 J Gorsuch Ave

Remarks.

8950006999

Wm. J. C. Dulany Co., City Printers and Stationers.

Sec. 2. Be it further ordained, that the sex, color, the full name and occupation of the parents, the date and place of birth, and the number of the child of the mother, shall be delivered, duly signed by the physician or midwife, or other person who shall have charge of the case, to the Commissioner of Health, in the form of a certificate to be furnished by said officer, within ten days after the birth of any child, and the said officer shall cause a return of the same to be made within one month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person or persons having charge of such child, or upon the mother, immediately after the birth, to give information of such birth to the Commissioner of Health. It shall become the duty of the person or persons in any such place where no other person shall be in charge, to make the return required, and any such person or persons who shall fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69590

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 25 1895
4. *Place of Birth, (Street and Number)* 302 Washington St Homestead
5. *Full Name of Mother,* Lula B Read
6. *Mother's Maiden Name,* Patten
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* John C Read
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, A Young Pittsburg Pa

Address, 237 Goshen Avenue

Remarks,

8950007000

Wm. J. C. Dulany Co., City Printers and Stationers.

Will be noted the sex, color, full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, the mother herself, if able, or if disabled, the parents of such child to report its birth to the Commissioner of Health, in the manner and within the period prescribed; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69591

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* October 25th 1895
4. *Place of Birth, (Street and Number)* No. 34 Marriott St
5. *Full Name of Mother,* Lizzie Kleinhen
6. *Mother's Maiden Name,* Lizzie Naumann
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* George Kleinhen
9. *Father's Occupation* Butcher
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1 8 9 5 0 0 0 7 0 0 1

been cloakered) its sex, color, the full name and occupation of its parents, the full name of each child, (if any shall have been born previously) the date and place of birth, and the age of each and every month to the office of the Commissioner of Health. In case the birth of any first child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother (immediately preceding the birth) the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69592

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 25 1895
4. Place of Birth, (Street and Number) Duncan alley 414
5. Full Name of Mother, Annie Strezak
6. Mother's Maiden Name, Bohaimer
7. Mother's Birthplace, Bohaimer
8. Full Name of Father, John Strezak
9. Father's Occupation Labor
10. Father's Birthplace, Bohaimer

Name of Medical Attendant, or other person who makes this Return, Mary Krepter

Address, N Wilmington ~~Ave~~ 20

Remarks,

1 8 9 5 0 0 0 7 0 0 2

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the name of the attending physician or midwife, if any, or of the person who shall have charge of such child, the practitioner in the form of a certificate between the hours of nine and twelve, shall be delivered, within twenty-four hours after the birth of any child, to the office of the Commissioner of Health. In case no such certificate shall be in said schedule shall be delivered, within twenty-four hours after the birth of any child, should no other person be in attendance upon the mother, immediately thereafter, in the manner and within the period above set forth, and the third day of each month thereafter, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above set forth, and attendance upon the mother, immediately thereafter, in the manner and within the period above set forth, and court within the city of Baltimore, it shall be the duty of the person who shall be subpoenaed to report its birth to the Commissioner of Health, in the manner and within the period above set forth, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69593

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Balto. Oct. 25/95
4. *Place of Birth, (Street and Number)* 206 Little Gaff St. Balto.
5. *Full Name of Mother,* Lena Cohen
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* A. Cohen
9. *Father's Occupation* Rents Presser
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. Lena Barber

Address, 1103 North Street Balto

Remarks,

6950007803

said schedule shall be delivered, duly signed by the attending physician or other person, to the clerk of the ward in which the child was born, or to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in manner and with the particulars required and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69594

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 25 Oct 1895
4. *Place of Birth, (Street and Number)* 1540 Gough St
5. *Full Name of Mother,* Margreat Healy
6. *Mother's Maiden Name,* Margreat Trait
7. *Mother's Birthplace,* Balti city
8. *Full Name of Father,* Thos Healy
9. *Father's Occupation* Conductor
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Mary E Tierney

Address, 1768 Eutaw St

Remarks, City

8950007004

been conferred by a regular or legally qualified physician, the same can be ascertained, the full name of each child, (if any shall have been born living,) the full name and occupation of its parents, the place of birth, and the date of birth, and the said schedule shall be delivered by the Physician or Midwife, or other person in the form of a certificate, to the Registrar of Vital Statistics, within the first seven days of the month following the birth, or should no other person be in attendance, within the first ten days thereafter; and the Registrar shall be entitled to receive from the City or other treasury, a fee of twenty cents for each child so reported. In case the birth of any first and child to report, its birth shall be communicated to the City or other Registrar of Vital Statistics, by the person in charge of such child, or by the parents, or any other person who shall have been in attendance, or present at the birth, in the manner and within the period above specified, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 69595

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 25th 1895
4. Place of Birth, (Street and Number) 400 Turner Place
5. Full Name of Mother, Catherine Kennedy
6. Mother's Maiden Name, Catherine Battinger
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, John F. Kennedy
9. Father's Occupation, Laborer
10. Father's Birthplace, Phila. Pa.

Name of Medical Attendant, or other person who makes this Return. Cecil G. Stewart M.D.

Address, 122 N. 23rd St.

Remarks,

8 7 5 0 0 0 7 0 0 5

NOTE.—It is earnestly hoped that as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be signed by the practitioner in the form of a certificate between the first and 10th day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, the duty of the person or parents of such child to report, in lieu of the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

THE A. S. ABEL & CO., CITY PRINTERS AND STATIONERS

Omw

RETURN OF A BIRTH. 69596

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Walter ~~Franklin~~ Cromwell

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct. 25th 95
4. *Place of Birth, (Street and Number)* 1110 N. Calvert St.
5. *Full Name of Mother,* Stella Cromwell
6. *Mother's Maiden Name,* Stella Franklin
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Wm. Amos Cromwell
9. *Father's Occupation* Supt. Mt. Vernon Co.
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, C. H. Crothers

Address, 400 Cathedral St.

Remarks,

8950007006

Wm. J. C. Dulany Co., City Printers and Stationers

been conferred in the sex, color, the full name and occupation of the parents, the place of birth, and the said schedule shall be delivered, duly signed by the practitioner in attendance, the date and place of birth, and the third day of each and every month, to the office of the Commissioner of Health, certificate between the first and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and with the blanks and such child to report the birth to the Commissioner of Health, in the manner and with the blanks and such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69597

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2te Babie

1. *Sex, (state whether male or female)* boy
2. *Race or Color, (if not of the white race)* white race
3. *Date of Birth,* 25 October 1895
4. *Place of Birth, (Street and Number)* 912 E Pratt st
5. *Full Name of Mother,* —
6. *Mother's Maiden Name,* Emma Morstein
7. *Mother's Birthplace,* Europa
8. *Full Name of Father,* Malach Morstein
9. *Father's Occupation,* Bigler
10. *Father's Birthplace,* Europa

Name of Medical Attendant, or other person who makes this Return. before L. Handle

Address, Lina Wagenheim

Remarks, 1107 E Pratt st

8 7 5 0 0 0 7 0 0 7

Wm J. C. Dulany Co., City Printers and Stationers.

said child is born, the name and occupation of its parents, the date and place of birth; and the third day of each month thereafter, duly signed by the practitioner in the form of a certificate, of every birth that shall occur without the attendance of a physician or midwife, in the manner and within the period of such attendance upon the mother, immediately thereafter, shall be required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69598

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White Race
3. Date of Birth, Oct 25/95.
4. Place of Birth, (Street and Number) No 136 Randell St.
5. Full Name of Mother, Emma Gunther
6. Mother's Maiden Name, " Walter
7. Mother's Birthplace, Europe.
8. Full Name of Father, Wilhelm Gunther.
9. Father's Occupation Laborer.
10. Father's Birthplace, Europe.

Name of Medical Attendant, or other person who makes this Return, [illegible] Jeems.

Address, No 1603 S. Charles St.

Remarks, (Yours Respectfully

8 9 5 0 0 0 7 0 0 3

been conferred this sex, color, the full name and occupation of its parents, the date and place of birth, and the third day of each and every month, duly signed by the practitioner in the form of a certificate hereinbefore provided, and shall occur without the attendance of a physician or practitioner, or should no other person be called upon to report the birth, immediately thereafter it shall become and will be the duty of such any such person or persons who shall fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69599

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 25
4. *Place of Birth, (Street and Number)* Baltimore 1225 N Gilmor St
5. *Full Name of Mother,* Sarah M Engle
6. *Mother's Maiden Name,* Sarah M Keith
7. *Mother's Birthplace,* Baltimore County
8. *Full Name of Father,* Charles H Engle
9. *Father's Occupation* fireman
10. *Father's Birthplace,* Oxford County

Name of Medical Attendant, or other person who makes this Return,

Address, Mrs Mary L Stockney

Remarks, 731 Cumberland St

8 9 5 0 0 0 7 0 0 9

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] sex, color, the full name and occupation of its parents, the date and place of birth; and the [illegible] of each and every month to the office of the Commissioner of Health, a certificate between the first and [illegible] without the attendance of a physician or practitioner of midwifery, or should no other person be in [illegible] child to report its birth to the Commissioner of Health, in manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69600

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[illegible] sex, color, the [illegible] name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) fifth

1. *Sex, (state whether male or female)* male Max.
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 25 of october 1895
4. *Place of Birth, (Street and Number)* 1022 Low st
5. *Full Name of Mother,* Sary Cohn
6. *Mother's Maiden Name,* Salander
7. *Mother's Birthplace,* Prushnie State Plock Gubernie
8. *Full Name of Father,* Abram Cohn
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Plock state Pollack

Name of Medical Attendant, or other person who makes this Return, H. Fleinder M.D.

Address, 143 N. Front St

Remarks,

8950007010

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69601

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct-25-95
4. *Place of Birth, (Street and Number)* 622 W Lombard St
5. *Full Name of Mother,* Hattie Kellman
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. Dr R. Brown

Address, 622 W Lombard St

Remarks,

1 8 9 5 0 0 0 7 0 1 1

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate herein, to the person or persons who shall have charge of the child, within twenty-four hours after the birth, and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person having charge of such child to report its birth to the Commissioner of Health, in the manner and within the time prescribed, and such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69602

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Oct. 26
4. *Place of Birth, (Street and Number)* 622 W Lombard St
5. *Full Name of Mother,* Florence Howard
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, M. P. Brim

Address, 622 W Lombard St

Remarks,

1 8 9 5 0 0 0 7 0 1 2

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] name and occupation of its parents, the date and place of birth, and the sex, color, [illegible] said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69603

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth,* Oct. 26-95
4. *Place of Birth, (Street and Number)* 444 Vincent st
5. *Full Name of Mother,* Mary Johnson
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. Jno T Dick

Address, 697 W Lanvale st

Remarks,

8 9 5 0 0 0 7 0 1 3

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the [illegible] third day of each and every month, at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of any physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person, or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period aforesaid; and any such person or parents who shall thereafter fail to comply with the provisions of this section shall be, and shall be deemed guilty of a misdemeanor, and subject to the fine of ten (10) dollars for such offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69604

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Oct 16 - 93
4. *Place of Birth, (Street and Number)* 677 W Lombard St
5. *Full Name of Mother,* Kate Clifford
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this return, J. W. Deck

Address, 677 W Lombard St

Remarks,

1895000701 4

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a regular practitioner of midwifery, or should no other person or persons be in attendance upon the mother, the person or persons in attendance upon such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69605

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color. (if not of the white race)* Colored
3. *Date of Birth.* ~~Md Lying-in Hospital~~ Oct 26/95
4. *Place of Birth, (Street and Number)* Md Lying-in Hospital
5. *Full Name of Mother,* Lucy Tepscott
6. *Mother's Maiden Name,* Lucy Tepscott
7. *Mother's Birthplace,* Balto
8. *Full Name of Father.* unknown
9. *Father's Occupation* unknown
10. *Father's Birthplace,* unknown

Name of Medical Attendant, or other person who makes this Return. T W Brown Asst. MX

Address, Maryland Lying-in Hospital Linden Ave

Remarks.

1 8 9 5 0 0 0 7 0 1 5

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69606

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 26th of Oct 1895
4. *Place of Birth, (Street and Number)* Baltimore Md No 14 Loudenslake
5. *Full Name of Mother,* Maggie E Walter
6. *Mother's Maiden Name,* E " Hauke
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* John William Walter
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs Mary Reaming

Address, 414 S Stricker St Baltimore Md

Remarks, Mother and Child are doing Well

8 9 5 0 0 0 7 0 1 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69607

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. Sex, (state whether male or female) Girls (Margaret D. Deupert
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 26/05
4. Place of Birth, (Street and Number) 1938 Ga. Lombard Str.
5. Full Name of Mother, Kathie Deupert
6. Mother's Maiden Name, (Gebelein) (Zobelin
7. Mother's Birthplace, Balto.
8. Full Name of Father, Adam Deupert
9. Father's Occupation Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. Mrs. Deisenhofer

Address, 2225 Lough St.

Remarks,

8950007017

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be certified, duly signed by the practitioner or midwife, or shall be in other form of a certificate between the first and third days of each and every month to the office of the registrar of vital statistics of Baltimore City, and the said officer of such municipality shall forthwith cause the same to be recorded in a book to be kept for that purpose; and if any such person shall without the attendance of a physician or midwife, within the period above required, and without the attendance upon the mother, immediately upon the birth of such child, report such birth to the commissioner of health, in the manner and form prescribed by the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69608

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 26th 1895
4. *Place of Birth, (Street and Number)* 1525 Eastern Ave
5. *Full Name of Mother,* Annie Killyon
6. *Mother's Maiden Name,* Annie Brand
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Charles Killyon
9. *Father's Occupation,* Clerk at City Tax Office
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mary Engelhart

Address, 1726 Eastern Ave Balto Md

Remarks,

8 9 5 0 0 0 7 0 1 8

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth of the child, the person so attending shall report its birth to the Commissioner of Health, in the manner and within the period above prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69609

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 26 1896.
4. *Place of Birth, (Street and Number)* 926 Chesapeake St.
5. *Full Name of Mother,* Minnie Stump
6. *Mother's Maiden Name,* Minnie Mark.
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* John Stump
9. *Father's Occupation* Harder
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mary L Swaine

Address, 824 Canton St.

Remarks,

8 9 5 0 0 0 7 0 1 9

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the name of the attending physician or midwife, or other person, if any, who shall have been present at the birth, and the residence of each, within twenty-four hours after the birth, and shall cause the same to be reported every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 69610

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White Race
3. *Date of Birth,* Oct. 26 195
4. *Place of Birth, (Street and Number)* No 1531 Patapsco St
5. *Full Name of Mother,* Mary Schneider.
6. *Mother's Maiden Name,* " Bachmann.
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* John Schneider.
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Balto Md.

Name of Medical Attendant, or other person who makes this Return, Annie Jones.

Address, No 1603 S Charles St

Remarks. Yours Respectfully

8 9 5 0 0 0 7 0 2 0

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered, in other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69611

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Col
3. Date of Birth, Oct 26th 1895
4. Place of Birth, (Street and Number) 107 Winter St
5. Full Name of Mother, Cassie Reason
6. Mother's Maiden Name, Cassie Harman
7. Mother's Birthplace, Virginia
8. Full Name of Father, Budie Reason
9. Father's Occupation Drayman
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Caroline Moore

Address, 49 W. West St Balto Md

Remarks, 1895007021

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the name of the attending physician or midwife, if any, shall be recorded in the form of a certificate between the first and third day of each and every month by the person or persons officiating at the birth, which certificate shall be delivered, duly signed, by the person or persons officiating at the birth, to the Commissioner of Health. In case no other person be in attendance, or in case the attendant be a midwife, or a person not a physician or practitioner of midwifery, of the person or parents of such child, or in case the child shall be born in the absence of the mother, the person in whose house the birth shall occur without the other, immediately thereafter, it shall be the duty of such person, in the manner and within the period above required, to make and deliver a certificate of such birth, in the form above prescribed, to the Commissioner of Health, who shall be authorized to comply with the provisions of this section. Failure to comply with the provisions of this section, shall be a misdemeanor, and any such person or persons who shall neglect or refuse to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69612

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 26 October.
4. *Place of Birth, (Street and Number)* 1003 Hanover St
5. *Full Name of Mother,* Mrs Annie Tanner.
6. *Mother's Maiden Name,* Miss Annie Elliott.
7. *Mother's Birthplace,* Salisbury Md.
8. *Full Name of Father,* Mr. Tomas Tanner
9. *Father's Occupation* Machinist.
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Mrs Bange

Address, 711 N. Cross st.

Remarks,

1 8 9 5 0 0 0 7 0 2 2

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth, after as the same can be ascertained, the full name of each child, (if any shall have been born,) the month and year of birth, sex, color, occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, to the coroner, or certificate given to the person by the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the mother, immediately after the birth, shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period prescribed for physicians and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69613

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 26 1895
4. *Place of Birth, (Street and Number)* 204 Federal St
5. *Full Name of Mother,* Pauline Grill
6. *Mother's Maiden Name,* " " Wiedman
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Henry Grill
9. *Father's Occupation* Brewer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Bruns

Address, 1600 N Chester St

Remarks,

1 8 9 5 0 0 0 7 0 2 3

Each and every child, sex, color, he all name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of certificate herein, to the office of the third day of each and every month to the office of the Commissioner of Health. In case the birth of a first child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, it shall be the duty of the parent, or other person in charge of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period herein required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69614

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Julia Naomi Getz

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 26th October 1895
4. Place of Birth, (Street and Number) 1.1261 Glendon Ave
5. Full Name of Mother, Annie A. Getz
6. Mother's Maiden Name, Shea
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, George F. Getz
9. Father's Occupation BrickLayer.
10. Father's Birthplace, Wyanding eastern shore

Name of Medical Attendant, or other person who makes this Return. Mrs A. M. Bischof

Address, 1.1137 Carroll St.

Remarks. CHECK NUMBER ISSUED 3-23-04 L.M.

1895000702 4

Wm. J. C. Dulany Co., City Printers and Stationers.

Any person who shall neglect or refuse to give the full name and occupation of his parents, the date and place of birth, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance, it shall be the duty of the father or mother of such child, or the person in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Section 1. Return of a birth. Every physician, midwife or other person who shall attend at the birth of any child, shall make a return of such birth, stating the sex, color, the full name and occupation of its parents, the date and place of birth, and the number of the child of the mother, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, then the mother, within five days, shall give the return, or the parents or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69615

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* octeber th 26 1995
4. *Place of Birth, (Street and Number)* Bowers Court
5. *Full Name of Mother,* Mary green
6. *Mother's Maiden Name,* Mary Hackel
7. *Mother's Birthplace.* Beltimer
8. *Full Name of Father,* Robert Hackel
9. *Father's Occupation* labour
10. *Father's Birthplace,* virginia

Name of Medical Attendant, or other person who makes this Return, rarrah Jane thomison

Address, 124 west Hurey st

Remarks, full 9 month

1 8 9 5 0 0 0 7 0 2 5

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69616

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 26, 1895
4. *Place of Birth, (Street and Number)* 2431 Foster Ave.
5. *Full Name of Mother,* Mary Brown.
6. *Mother's Maiden Name,* Mary Galeman
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* James Brown.
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Mary L Swayne

Address, 124 Canton Ave.

Remarks,

1895000702 6

Wm. J. C. Dulany Co., City Printers and Stationers

Data concerning the sex, color, the full name and occupation of the parents, the date and place of birth, and the number of the child, shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the Commissioner of Health, under penalty of five dollars for every such omission or neglect; and shall be so delivered by a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section, shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69617

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Oct. 26, 1898.
4. *Place of Birth, (Street and Number)* 913 Cathedral St.
5. *Full Name of Mother,* Louise E. F. Bruce
6. *Mother's Maiden Name,* Louise E. Fisher
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* W. Cabell Bruce
9. *Father's Occupation,* Lawyer
10. *Father's Birthplace,* Charlotte Co. Va.

Name of Medical Attendant, or other person who makes this Return. Howard A. Kelly

Address, 1416 Eutaw Place

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case there is no such attendance upon the mother, the midwife, or other person who shall have charge of such child to report its birth to the Commissioner of Health, in the manner and within the time above required, and any such Person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

PRINTED BY J. D. DULANY & CO., CITY PRINTERS AND STATIONERS.

8450007027

RETURN OF A BIRTH. 69618

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 26th
4. Place of Birth, (Street and Number) 1301 Columbia Ave
5. Full Name of Mother, Sophia Louise Coulson
6. Mother's Maiden Name, Sophia Louise Einolf
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Thomas Coulson
9. Father's Occupation Teamster
10. Father's Birthplace, Union Bridge Carroll Co Md

Name of Medical Attendant, or other person who makes this Return, Mrs Bauge

Address, 711 N. Caroline St.

Remarks,

8950007028

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said attendant shall be delivered, duly signed by the practitioner in the form of a certificate between the 15th and 20th day of each and every month to the office of the Commissioner of Health; in case there shall be no attendant at the birth of any child, or should no other person be in attendance upon the birth of any child, or should the duty of the person or parents of such child or any other person who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69619

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Oct. 26th 1895
4. *Place of Birth, (Street and Number)* 422 Hickory Ave. Hampden
5. *Full Name of Mother,* Louisa Noel
6. *Mother's Maiden Name,* Louisa Kuhn
7. *Mother's Birthplace,* Adams Co. Pa.
8. *Full Name of Father,* John F. Noel
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* York Co. Pa.

Name of Medical Attendant, or other person who makes this Return, Geo. T. Shower, M.D.

Address, 421 Roland Ave. Hampden

Remarks,

8 9 5 0 0 0 7 0 2 9

Wm. J. C. Dulany Co., City Printers and Stationers.

Sec. 7. Be it further enacted, That the full name and occupation of the parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the presence of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the lawful parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and every such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED. 7-27-55 69620

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Isabella Virginia Will

No. of Child of Mother, (state whether ~~1st~~ 2d, 3d, &c.)

1. Sex, (state whether ~~male~~ or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, October 26th/95
4. Place of Birth, (Street and Number) 332 - E - 21st St
5. Full Name of Mother, Alberta S. Walter Will
6. Mother's Maiden Name, " " "
7. Mother's Birthplace, Virginia
8. Full Name of Father, Allan S. Will
9. Father's Occupation, Asst. Editor of The Sun
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, John H. Grimes M.D.

Address, 2100 - Md Ave

Remarks,

18950007030

ascertained the full name of each child, (if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 69621

GIVEN NAME ADDED 6-28-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Mabel Curio Amos

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* Oct 26 1895
4. *Place of Birth, (Street and Number)* 238 Mt Carlow St
5. *Full Name of Mother,* Lucy Amos
6. *Mother's Maiden Name,* Lucy Hill
7. *Mother's Birthplace,* Va
8. *Full Name of Father,* George Amos
9. *Father's Occupation* Laboring
10. *Father's Birthplace,* Va

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

1 8 9 5 0 0 0 7 0 3 1

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 69622

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct. 24th 1895
4. *Place of Birth, (Street and Number)* 1627 E. Baltimore St.
5. *Full Name of Mother,* Billy Clymer
6. *Mother's Maiden Name,* Alderson
7. *Mother's Birthplace,* Harford Co. Md.
8. *Full Name of Father,* John William Clymer
9. *Father's Occupation* Laborer in Coffee Warehouse
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, E. L. Evans M.D.

Address, 1835 E. Baltimore St.

Remarks,

1895007032

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred) its sex, color, the full name of its parents, the date and place of birth; and the said schedule shall be delivered every month to the office of the Commissioner of Health, in case no birth of any child shall occur within the month, and the practitioner in the form of a certificate between the birth of any child without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately after the birth, in the manner and within the period above stated, to report the birth to the Board of Health, in the manner and within the period above stated, and child to report the birth to the Board of Health, in the manner and within the period above stated, shall be subject to the fine of ten (10) dollars for such offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69623

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 26 October
4. *Place of Birth, (Street and Number)* Fifiad St. 1418
5. *Full Name of Mother,* Nelli Gorke
6. *Mother's Maiden Name,* Stromir
7. *Mother's Birthplace,* Englazd
8. *Full Name of Father,* Gorke
9. *Father's Occupation* Workman
10. *Father's Birthplace,* England

Name of Medical Attendant, or other person who makes this Return. Mary Prell

Address, S Bond st. 838

Remarks,

1895000703 3

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days after the birth, to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69624

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* October 26th, 1895
4. *Place of Birth, (Street and Number)* 1007 E. Hoffman St.
5. *Full Name of Mother,* Alice Lewis
6. *Mother's Maiden Name,* Alice Koch
7. *Mother's Birthplace,* Balt. Co. Md.
8. *Full Name of Father,* Robert H. Lewis.
9. *Father's Occupation* Foreman of Carpenters, N.C.R.R.
10. *Father's Birthplace,* Harford Co. Md.

Name of Medical Attendant, or other person who makes this Return, Wilmer Brinton, M.D.

Address, S. W. Cor. Calvert & Preston Sts.

Remarks,

1 8 9 5 0 0 0 7 0 3 4

Section 3. shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the name of the parents, the place and date of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate herein, first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance within the prescribed period, it shall become the duty of the parents or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above prescribed and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69625

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth.* Oct 26th 1894
4. *Place of Birth, (Street and Number)* 2120 N Calvert St
5. *Full Name of Mother,* Mary Worthington
6. *Mother's Maiden Name,* Worthington
7. *Mother's Birthplace.* Howard Co
8. *Full Name of Father,* Dall Worthington
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Howard Co

Name of Medical Attendant, or other person who makes this Return. Chas E Sadtler

Address, 1859 Bolton St

Remarks,

1 6 9 5 0 0 0 7 0 3 5

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form aforesaid, to the Commissioner of Health within twenty-four hours after the birth of any child. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above prescribed, and any such person or persons who shall have neglected or failed to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69626

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Oct 26. 1895.
4. *Place of Birth, (Street and Number)* 813 Madison Ave.
5. *Full Name of Mother,* Lucy V. Vanalstyne
6. *Mother's Maiden Name,* Matheus
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* Albert B. Vanalstyne
9. *Father's Occupation* Cigar Manufacturer
10. *Father's Birthplace,* New York

Name of Medical Attendant, or other person who makes this Return, G Lane Taneyhill

Address, 1103 Madison Avenue

Remarks,

8 9 5 0 0 0 7 0 3 6

been conferred) its sex, color, the full name and occupation of its parents, the date and place of its birth, and the name of each and every midwife to the office of the Clerk in the form of a certificate between the first and the tenth days of each month, and shall be authorized to receive and shall receive a fee of twenty cents for each such certificate; and no other person or persons shall be entitled to receive any fee for such attendance upon the attendance of a physician or practitioner of midwifery or other person who shall have charge of any such child to report its birth to the Commissioner of Health, duly authorized by the Board of Health, and every such child to report its birth to the Commissioner of Health, duly authorized by the Board of Health, and every such midwife, physician or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the penalty of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

been committed) in sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered by the person or persons who shall have been present at such birth, on the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the time above specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69627

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Oct 17-95
4. *Place of Birth, (Street and Number)* Grace Court & King St.
5. *Full Name of Mother,* Mary Hackless
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, M. R. Bruin

Address, 609 N. Lombard St

Remarks,

B 7 5 0 0 0 7 0 3 7

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69628

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* October 27 = 1895
4. *Place of Birth, (Street and Number)* # 915 Harris Alley
5. *Full Name of Mother,* Maggie Mitchel
6. *Mother's Maiden Name,* Maggie Covington
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Bassely Mitchel
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Sarah P Harrington

Address, # 924 Binney Street

Remarks,

B 9 5 0 0 2 7 0 3 8

Wm. J. C. Dulany Co., City Printers and Stationers.

Sec. 6. Be it further ordained, that the name and occupation of the parents, the date and place of birth, and the name of each child shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the intervention of a physician or practitioner or midwifery, or should no other person be in attendance upon the mother, immediately after the birth, the father of such child, or the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time required, and every such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69629

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth: and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Oct 27 1895

4. *Place of Birth, (Street and Number)* 514 William St

5. *Full Name of Mother,* Barbara E Miller

6. *Mother's Maiden Name,* " " Ott

7. *Mother's Birthplace,* Balto Md

8. *Full Name of Father,* Geo Jr. Miller

9. *Father's Occupation* Engineer B&O RR

10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, Mrs E K Brooks

Address, 1528 Light St

Remarks, Harry A Will

1895000007039

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 69630

GIVEN NAME ADDED 8-21-39

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Bessie Virginia Dodson

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 27th 1915
4. Place of Birth, (Street and Number) 1408 Madison Avenue
5. Full Name of Mother, Bessie Dodson
6. Mother's Maiden Name, " Kempton
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Howard Bangs Dodson
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other Person who makes this Return Lelle Dodson

Address, 1408 Madison Av

Remarks.

1 8 9 5 0 0 0 7 0 4 0

Every birth shall be so reported, its sex, color, the full name and occupation of its parents, the day and hour of its birth and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third days of each and every month, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, the midwife or other person in attendance shall report the birth, and the mother, immediately thereafter, it shall then become the duty of the parent or parents of such child to report its birth to the Board of Health, in the manner, and within the period above required, except in the cases of the births and deaths of children born and dying in any hospital, or other institution, which shall duly report the same, and any person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to a fine of ten dollars for such offence, to be recovered as other fines and penalties are recoverable.

T & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 69631

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Oct 3rd 25
4. *Place of Birth, (Street and Number)* 110 E Lee St
5. *Full Name of Mother,* Eva Stark
6. *Mother's Maiden Name,* " Simpson
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Lester Stark
9. *Father's Occupation* Painter
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, Carson Phillips

Address, 1602 Walker St

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

1 8 9 5 0 0 0 7 0 4 1

RETURN OF A BIRTH. 69602

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 1st.

1. *Sex*, (*state whether male or female*)
2. *Race or Color*, (*if not of the white race*)
3. *Date of Birth*, October 27. (1.40 P. M.)
4. *Place of Birth*, (*Street and Number*) 126. W. Pennsylvania Ave.
5. *Full Name of Mother*, Fronie Tabea Riter.
6. *Mother's Maiden Name*, Hatter
7. *Mother's Birthplace*, Balto. Md.
8. *Full Name of Father*, William Elsworth Riter.
9. *Father's Occupation*, Laborer
10. *Father's Birthplace*, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Karns, for the

Address, Mother Relief Society, 632. N. Fremont.

Remarks,

8450007042

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or other person, the person having charge of such child or attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69633

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* Oct 27 1895
4. *Place of Birth, (Street and Number)* 626 Stockton St.
5. *Full Name of Mother,* Rosa Hall
6. *Mother's Maiden Name,* Rosa Jones
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* John Hall
9. *Father's Occupation* Baltimore Md
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

1 8 9 5 0 0 0 7 0 4 3

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the third day of each month every person who shall have delivered duly signed by the practitioner in the form of a certificate between the first and shall occur without the attendance of a physician, the Commissioner of Health. In case the birth of any child attendance upon the mother, immediately thereafter it shall become the duty of the person in charge of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

6/24 NAME ADDED 6-14-54

RETURN OF A BIRTH. 69634

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Helen May Thompson

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) ~~Oct 27th 1895~~ White
3. Date of Birth, Oct. 27th 1895
4. Place of Birth, (Street and Number) 2017 E. Preston St.
5. Full Name of Mother, Maggie Thompson
6. Mother's Maiden Name, " Smith
7. Mother's Birthplace, Balto. City
8. Full Name of Father, Wm. D. Thompson
9. Father's Occupation, Bricklayer
10. Father's Birthplace, Balto. City

Name of Medical Attendant, or other person who makes this Return, E. B. Fenby, M.D.

Address, 1219 N. Caroline St.

Remarks,

L 8 9 5 0 0 0 7 0 4 4

Wm J. C. Dulany Co., City Printers and Stationers.

Sex (colored) is sex, color, the 10th issue and occupation of its parents the date and place of birth; and the said schedule shall be delivered, duly signed by the certificate in the form of a certificate between the first and third days of each month to the Registrar of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person in such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 9-26-35

RETURN OF A BIRTH. 69635

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Caroline Julia Atkinson

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex*, (state whether male or female) female
2. *Race or Color*, (if not of the white race) white
3. *Date of Birth*, October 27th 1895
4. *Place of Birth*, (Street and Number) ~~ab~~ 9 Cottage Ave
5. *Full Name of Mother*, Lizzie Atkinson
6. *Mother's Maiden Name*, Lizzie Smith
7. *Mother's Birthplace*, ~~Germany~~ Baltimore
8. *Full Name of Father*, Charles Atkinson
9. *Father's Occupation* Laborer
10. *Father's Birthplace*, Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1895007045

Wm. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 4-22-55

RETURN OF A BIRTH. 69636

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Ursula Hamersley ~~Medinger~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 27 1895
4. Place of Birth, (Street and Number) 1 Eleanora Medinger
5. Full Name of Mother, Mrs Eleanor Edward Grace
6. Mother's Maiden Name, Gorrell
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John F. Medinger
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. J. E. Crouch M.D.

Address, 1051 Aisquith St

Remarks,

6950007046

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the name given to the child, if any, and the place of residence of the parents, and shall report the same in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, it shall be the duty of the person or persons in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to do so, or who shall violate the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69 637

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Oct 27 — 1895
4. *Place of Birth, (Street and Number)* 2534 Canton Ave.
5. *Full Name of Mother,* Kate Rosenthal
6. *Mother's Maiden Name,* Molken
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William F. Rosenthal
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary Stein

Address, 1427 E. Fort St.

Remarks,

1 8 9 5 0 0 0 7 0 4 7

Wm. J. C. Dulany Co., City Printers and Stationers.

Any concerted) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly filled, by the attendant in the form of a certificate between the first and third day of each and every month to the office of the Coroner in the case of death, and to the Registrar in case of birth, of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person or parents of such child to report the birth to the Registrar of Births within twenty-four hours of the occurrence, and shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69638

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Oct 27 — 1895
4. Place of Birth, (Street and Number) 1703 Thames St.
5. Full Name of Mother, Lizzie Vogt
6. Mother's Maiden Name, Wenchel
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John H. Vogt
9. Father's Occupation Saloon Keeper
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1627 E. Pratt St.

Remarks,

1895007048

Section. To the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. C. Dulany Co., City Printers and Stationers.

Owen

RETURN OF A BIRTH. 69609

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Dorothy Rose ~~Cilento~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Oct 27 — 1895
4. *Place of Birth, (Street and Number)* 234 S. Caroline St.
5. *Full Name of Mother,* Adeline (~~Selinda~~) Cilento
6. *Mother's Maiden Name,* Straub
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Joseph (~~Selinda~~) Cilento
9. *Father's Occupation* Iron Molter
10. *Father's Birthplace,* Italia

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Pratt St.

Remarks,

1 8 9 5 0 0 0 7 0 4 9

been conferred) its sex, for the full name and occupation of its parents, the date and place of birth; and the said return shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and fifth days of each month, to the Registrar of Vital Statistics. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, it shall be the duty of any person in attendance upon the mother, immediately thereafter to make the return, and in default of such return by any person so required, the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall wilfully fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered, or other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 69640

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 F 6 Chil

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Sunday Oct 27 189
4. *Place of Birth (Street and Number),* Mary Ellen Smith
5. *Full Name of Mother,* 914 S Eden Place
6. *Mother's Maiden Name,* Mary E Carroll
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* William Smith
9. *Father's Occupation,* Seamen
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return. Mrs Mary Smith

Address, 914 S Eden Place

Remarks,

8 9 5 0 0 0 7 0 5 0

Baltimore Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH. 69641

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether~~ 1st, ~~2d, 3d, &c.~~) .....

1. *Sex,* (~~state whether male or~~ *female*) .....
2. *Race or Color,* (~~if not of the~~ *white* ~~race~~) .....
3. *Date of Birth,* Oct 27 C
4. *Place of Birth,* (*Street and Number*) 1841 East Lombard St
5. *Full Name of Mother,* Maggie Fischer
6. *Mother's Maiden Name,* " Sauer
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* John Fischer
9. *Father's Occupation* ~~Germany~~ Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Margt Martin M.D.

Address, 25 W Preston St

Remarks, ...

8 9 5 0 0 0 7 0 5 1

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate, to the parent, if any shall have been in attendance, or to the person who shall have charge of the child within ten days after the birth; and the third day of each and every month thereafter it shall be the duty of the said practitioner or midwifery, or should no other person shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report to the Commissioner of Health, in the manner and with the forms of the said schedule required, and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been born,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the child's place of birth, and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and with the same particulars as in a case where a physician or practitioner of midwifery is present, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69642

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th child boy.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* 27 October 1895.
4. *Place of Birth, (Street and Number)* Durham 1605
5. *Full Name of Mother,* Julia Harteen.
6. *Mother's Maiden Name,* Julia Ellighouse.
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Harteen.
9. *Father's Occupation* Seller.
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address, Marie Elias

Remarks, 1625 Hopkins Ave.

1895 0007052

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69643

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 27 1895
4. *Place of Birth, (Street and Number)* Washington st 1805
5. *Full Name of Mother,* Mary Plossitt
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohaimen
8. *Full Name of Father,* John Plossitt
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Bohaimen

Name of Medical Attendant, or other person who makes this Return, Mary Kopitz

Address, N W Washington st 1805

Remarks,

8950007053

been colored) the sex, color, the full name and occupation of its parents, the date and place of birth; and the name of each child, if any shall have been born before; and the Commissioner shall have power to require the same to be verified by oath, and the third day of each and every month to the office of the Commissioner of Health, a certificate between the first and shall occur without the attendance of a physician or practioner of midwifery, or should no other person be ready and willing to perform the duties of a midwife, the person in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, under the penalty of fifty dollars for each offence; and in any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine or fees (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

FIRST NAME ADDED 8-27-57

RETURN OF A BIRTH

69644

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Thomas Leo Carnes

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* October 29, 1895.
4. *Place of Birth, (Street and Number)* 323 Mosling ave
5. *Full Name of Mother,* Nancy Carnes.
6. *Mother's Maiden Name,* Harris.
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* Thomas Albert Carnes.
9. *Father's Occupation* Iron Moulder.
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return. Chas H. Kirkstall M.D.

Address, 291 Chestnut ave

Remarks,

B 4 5 0 0 0 7 0 5 4

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69645

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 27 1895
4. *Place of Birth, (Street and Number)* Lonley Lane 5
5. *Full Name of Mother,* Maggie Sramm
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* George Sramm
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary Hopkins

Address, 0 P Washington st 005

Remarks,

8950007055

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] contained) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or in case the mother or any other person in attendance upon the mother, immediately hereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Ann

RETURN OF A BIRTH. 69646

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Louise Ruzicka

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 27 October 95
4. *Place of Birth, (Street and Number)* 933 W. Bond st
5. *Full Name of Mother,* Josephine ~~(Sophia) (Ruzicka)~~ Ruzicka
6. *Mother's Maiden Name,* ~~(Sophia) (Kasper)~~ Kaspar
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Frank ~~(Ruzicka)~~ Ruzicka
9. *Father's Occupation* Baker
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return, Josephian Conrad

Address, 624 Barnes st Balto Md

Remarks,

0950207056

Wm. J. C. Dulany Co., City Printers and Stationers.

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate herein, to the Registrar of Vital Statistics, Board of Health, Baltimore City, within twelve hours after the birth of any child shall occur without the assistance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person, or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ndyho at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH.

69647.

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Second

1. Sex (state whether Male or Female) Male

2. Race or Color (if not of the white race) White

3. Date of Birth Oct. 27th 1895

4. Place of Birth (Street and Number) Argyle ave & Smith street

5. Full Name of Mother Mary Ulrich

6. Mother's Maiden Name " Shields

7. Mother's Birthplace Washington county Md.

8. Full Name of Father Wm S. Ulrich

9. Father's Occupation Dairyman

10. Father's Birthplace Carroll county Md.

Name of Medical Attendant, or other Person who makes this Return. C. C. Richardson

Address 1616 Edmondson avenue

Remarks

8950007057

RETURN OF A BIRTH. 69 648

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth.* Oct 27 95
4. *Place of Birth, (Street and Number)* 1820 Oakly St
5. *Full Name of Mother,* Mrs Catherine B Thornhill
6. *Mother's Maiden Name,* " " Reaue
7. *Mother's Birthplace,* Newark N J
8. *Full Name of Father,* John H Thornhill
9. *Father's Occupation* Optician
10. *Father's Birthplace,* England

Name of Medical Attendant, or other person who makes this Return. F C Worthington

Address, 840 W Fayette

Remarks.

8 9 5 0 0 0 7 0 5 8

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the person or persons in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69649

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 27, 1895
4. *Place of Birth, (Street and Number)* 713 Colvin Place
5. *Full Name of Mother,* Julia A Gillen
6. *Mother's Maiden Name,* Connelly
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Frank Gillen
9. *Father's Occupation* Machinist
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, J. T. Broad M.D.

Address, 1051 Arequipa St

Remarks,

1 0 9 5 0 0 0 7 0 5 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69650

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Sunday Oct 2 1898 5 A.M.
4. *Place of Birth, (Street and Number)* 1528 Argyle Ave
5. *Full Name of Mother,* Johanna Parker
6. *Mother's Maiden Name,* Johanna Douglass
7. *Mother's Birthplace,* P. George Co. Md
8. *Full Name of Father,* Daniel Parker
9. *Father's Occupation,* Caterer
10. *Father's Birthplace,* P. George Co. Md

Name of Medical Attendant, or other person who makes this Return. Elsmeck

Address, 116 W. Saratoga St

Remarks,

1 8 9 5 0 0 0 7 0 6 0

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the person with whom the child lives, within twenty-four hours thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69651

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color. (if not of the white race)

3. Date of Birth. Oct 27/95

4. Place of Birth, (Street and Number) Md Lying in Hospital

5. Full Name of Mother, Mary Allen

6. Mother's Maiden Name, Mary Allen

7. Mother's Birthplace, Balto.

8. Full Name of Father, unknown

9. Father's Occupation unknown

10. Father's Birthplace, unknown

Name of Medical Attendant, or other person who makes this Return. F W Keown, AB MD.

Address, Maryland Lying in Hospital - Linden Ave

Remarks,

8950007061

same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69652

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Oct. 17 - 95
4. *Place of Birth, (Street and Number)* 647 W Lombard st
5. *Full Name of Mother,* Amelia Dyson
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Jno G Dick

Address, 650 W Lombard st

Remarks,

8 9 5 0 0 0 7 0 6 2

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69653

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Twins (1st male)
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Oct. 28 90
4. *Place of Birth, (Street and Number)* 624 Eva Alley
5. *Full Name of Mother,* Emily Brown
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return J. M. F. Dick

Address, 600 N. Lombard St

Remarks,

1 8 9 5 0 0 0 7 0 6 3

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the child's name if any be declared, duly signed by the practitioner in the form of a certificate between 10 days and 24 hours after the birth of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately after the birth of such child, and within the period above required, and shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and upon refusal or neglect of any person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69654

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 28th 1895
4. Place of Birth, (Street and Number) 310 S. Washington Street
5. Full Name of Mother, Virgina Ruth
6. Mother's Maiden Name, Virgina Spencer
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Joseph Ruth
9. Father's Occupation, Flour Dealer
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mary Engelhart

Address, 1726 Eastern Ave Balto Md

Remarks,

8 9 5 0 0 0 7 0 6 4

Wm J C. Dulany Co., City Printers and Stationers.

Name, surname, sex, color, date of birth and place of birth of each child, if any, shall have been conferred, shall be recorded, the full name and occupation of its parents, the date and place of birth; and the said return shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, or midwife, or any other person, then in such case upon the mother or father devolves the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence; to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 5-5-57

RETURN OF A BIRTH. 69655

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) David Nelson Miller 1

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, October the 28-1895
4. Place of Birth, (Street and Number) Parish st. No 316
5. Full Name of Mother, Matilda Mc Wilkins
6. Mother's Maiden Name, Matilda Mc Miller
7. Mother's Birthplace, Baltimore
8. Full Name of Father, george P Miller
9. Father's Occupation Engineer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. B Kelley

Address, No 1922 wilkins Ave

Remarks,

8 9 5 0 0 0 7 0 6 5

Wm. J. C. Dulany Co., City Printers and Stationers.

schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 69656

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, *&c.*) 1st — (Twins)

1. *Sex,* (*state whether male or female*) Females

2. *Race or Color,* (*if not of the white race*) White

3. *Date of Birth,* Oct 28th 95

4. *Place of Birth,* (*Street and Number*) 1608 Marshall St

5. *Full Name of Mother,* Mary Geneva Connolly

6. *Mother's Maiden Name,* " " Browning

7. *Mother's Birthplace,* Balto

8. *Full Name of Father,* James Connolly

9. *Father's Occupation,* Retinner

10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, John C Roth

Address, 1644 Hanover St

Remarks,

8 9 5 0 0 0 7 0 6 6

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH.

69 657

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 28 1895
4. *Place of Birth, (Street and Number)* 12 Cedar avenue City
5. *Full Name of Mother,* Jessie Burrier
6. *Mother's Maiden Name,* Shaefer
7. *Mother's Birthplace,* Balt. City
8. *Full Name of Father,* Thomas O Burrier
9. *Father's Occupation* Barber
10. *Father's Birthplace,* Balt. City

Name of Medical Attendant, or other person who makes this Return, Mary a Martin

Address, 2804 Cedar avenue

Remarks,

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, within the first third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person attendance upon the mother, the mother shall within the period above prescribed, be required to report its birth to the Commissioner of Health, in the manner and within the time above prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, then the mother herself, if able, shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69658

OTHER NAME ADDED 12/7/60

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Annie Mohr

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 3. d.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, The 28 of Oct 1895
4. Place of Birth, (Street and Number) No 1702 Lanning
5. Full Name of Mother, Annie Mohr
6. Mother's Maiden Name, Annie Saltman
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Mohr
9. Father's Occupation Baker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return Mrs Ch. Lauer

Address, No 1059 Harford Ave

Remarks, Bell Rd 1895

S 7 5 0 3 0 7 0 6 8

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69659

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 28
4. *Place of Birth, (Street and Number)* 1008 Ramsay
5. *Full Name of Mother,* Mrs Mary Andrews Houghlin
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Frank Houghlin
9. *Father's Occupation* Painter
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, E. E. Smith

Address, Lemmon Avenue

Remarks,

8 9 5 0 0 0 7 0 6 9

Child to report its birth to the Commissioner of Health, in the manner hereafter prescribed, under a penalty of ten dollars; and if any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69680

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Black
3. Date of Birth, Oct. 28 - 1895.
4. Place of Birth, (Street and Number) 573 Oxford St.
5. Full Name of Mother, Lena Virginia Smith
6. Mother's Maiden Name, Cooper
7. Mother's Birthplace, Talbott Co. Md.
8. Full Name of Father, Horace Smith
9. Father's Occupation Laborer
10. Father's Birthplace, Talbott Co. Md.

Name of Medical Attendant, or other person who makes this Return, C. M. Cook, M.D.

Address, 1052 Myrtle Ave

Remarks,

1 8 9 5 0 0 0 7 0 7 0

child to report its birth to the Commissioner of Health, in the manner and within the period required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered, as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

one

RETURN OF A BIRTH. 69661

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Reuben Lewis Harman,

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* October 28, 1895.
4. *Place of Birth, (Street and Number)* 7 Guiard ave.
5. *Full Name of Mother,* Estella Gray Harman.
6. *Mother's Maiden Name,* Haines.
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* William Grant Harman.
9. *Father's Occupation* Machinist.
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return, Edward Mitchell M.D.

Address, 291 Chestnut ave.

Remarks,

1 8 9 5 0 0 0 7 0 7 1

RETURN OF A BIRTH. 69662

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Marie Clara Brust

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Oct 28, 1895
4. Place of Birth, (Street and Number) Leadenhall St
5. Full Name of Mother, Carrie Brust
6. Mother's Maiden Name, Carrie Rechler
7. Mother's Birthplace, Frederick Md
8. Full Name of Father, Louis Brust
9. Father's Occupation, Glass worker
10. Father's Birthplace, Frederick Md

Name of Medical Attendant, or other person who makes this Return, Katie Wunch

Address, 800 Leadenhall Street

Remarks, CHILD NAME ADDED 3-10-53

69500007072

Print J. C. Dulany Co., City Printers and Stationers.

Any person who shall report its birth to the Commissioner of Health, in the manner and within the period prescribed, shall receive a certificate of such report, for which no fee shall be charged; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69663

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5.

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White Jew.
3. *Date of Birth,* 28 October 1895.
4. *Place of Birth, (Street and Number)* 222 Harrisson St.
5. *Full Name of Mother,* Elie Perrichs
6. *Mother's Maiden Name,* Elie Perrichs
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Lemin Perrichs
9. *Father's Occupation* Trimming Peeler.
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Mrs Eva Kohn.

Address, 135 Harrison St.

Remarks, Mother and Child are well.

1895007073

Wm. J. C. Dulany Co., City Printers and Stationers.

Failure to make this Return shall be a misdemeanor, and any person who shall neglect or refuse to make the same, or shall make any false or fraudulent Return, shall be guilty of a misdemeanor, and shall be fined not less than ten dollars nor more than fifty dollars, at the discretion of the Court, for each offence. The Return must be made at the time of the birth, or should no other person be in attendance, the mother, immediately thereafter, shall become liable to the penalty for neglect. Any person who shall neglect or refuse to report the birth to the Commissioner of Health, in the manner and within the period above required, shall be fined not less than five dollars nor more than ten dollars, at the discretion of the Court, for each offence. The Return must be made at the time of the birth, or should no other person be in attendance, the mother, immediately thereafter, shall become liable to the penalty for neglect. Any person who shall neglect or refuse to report the birth to the Commissioner of Health, in the manner and within the period above required, shall be fined not less than five dollars nor more than ten dollars, at the discretion of the Court, for each offence. Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69 664

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 28 1895
4. *Place of Birth, (Street and Number)* Streeper st 814
5. *Full Name of Mother,* Feney Hladky
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohemian
8. *Full Name of Father,* Mike Hladky
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Bohemian

Name of Medical Attendant, or other person who makes this Return, Mary Kelly

Address, 1 Washington st 205

Remarks,

8 9 5 0 0 0 7 0 7 4

child to report its birth to the same Registrar, it shall become the duty of the person or parents of such child to report its birth to the same Registrar within the period above required, and in the manner and with the particulars above required, and any such person or persons who shall have or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

m. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 3-13-58

RETURN OF A BIRTH. 69665

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Children of mother, (state whether 1st, 2d, 3d, &c.) Edmund Kochajnsky 4

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 28 October - 1895
4. Place of Birth, (Street and Number) S. Dallas str, 812
5. Full Name of Mother, Katie Kochajnsky
6. Mother's Maiden Name, Galba
7. Mother's Birthplace, Pole
8. Full Name of Father, Stanislav Kochajnsky
9. Father's Occupation Trajble
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return, Mary Greth

Address,

Remarks, S. Bond str 838

1 8 9 5 0 0 0 7 0 7 5

Wm. J. C. Dulany Co., City Printers and Stationers.

Sections 1 and 2 of an act of the General Assembly of Maryland, approved March 19, 1894, provide that if any child be born in Baltimore City, of which no other person shall be in attendance upon the mother immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period prescribed by rules and regulations, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine or fine (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69666

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 28 October
4. *Place of Birth, (Street and Number)* Inn str. 600
5. *Full Name of Mother,* Agnes Stukowsky
6. *Mother's Maiden Name,* Błozinska
7. *Mother's Birthplace,* Pole
8. *Full Name of Father,* Bronislav Stukowsky
9. *Father's Occupation* Workman
10. *Father's Birthplace,* Pole

Name of Medical Attendant, or other person who makes this Return.

Address, S. Bond st. 838

Remarks, Mary Bett

8 9 5 0 0 0 7 0 7 6

Wm. J. C. Dulany Co., City Printers and Stationers.

Section 1. Be it ordained by the Mayor and City Council of Baltimore, that from and after the passage of this ordinance, no other person be in charge of a child, or the mother, immediately hereafter is shall become the duty of the person or persons attending such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69667

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (1st) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 28th 1896
4. *Place of Birth, (Street and Number)* 825 W. Franklin St
5. *Full Name of Mother,* Caroline Annie Pitcher
6. *Mother's Maiden Name,* " " Bavey Stock
7. *Mother's Birthplace,* London England
8. *Full Name of Father,* George Thomas Pitcher
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Ramsgate Kent England

Name of Medical Attendant, or other person who makes this Return, J. C. Hammer M.D.

Address, 621 N. Carrollton Ave

Remarks,

0 9 5 0 0 0 7 0 7 7

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

m. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69668

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* October 28th 98
4. *Place of Birth, (Street and Number)* 1613 Holbrook St
5. *Full Name of Mother,* Mattilda Burman
6. *Mother's Maiden Name,* Matilda Jonson
7. *Mother's Birthplace,* Norway Europe
8. *Full Name of Father,* Charles Burman
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Sweden Europe

Name of Medical Attendant, or other person who makes this Return, Gina Müller

Address, 1612 Holbrook St

Remarks,

8 9 5 0 0 0 7 0 7 8

Jno. J. C. Dulany Co., City Printers and Stationers.

Child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any attendant or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 8/13/70

RETURN OF A BIRTH. 69669

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME OF CHILD - LENA SEGAL

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 baby

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) white race
3. Date of Birth, 28 October 1895
4. Place of Birth, (Street and Number) 212 E Pratt st
5. Full Name of Mother, —
6. Mother's Maiden Name, Fanny Segel
7. Mother's Birthplace, Europe
8. Full Name of Father, Hyman Segel
9. Father's Occupation, Store keeper
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return. before L. Handler

Address, Lina Wergenheim

Remarks, 1107 E Pratt st

6 9 5 0 0 0 7 0 7 9

This report is sent to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69670

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Male second Birth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Color
3. Date of Birth, Oct. 28. — 1895
4. Place of Birth, (Street and Number) 724 Bruce St
5. Full Name of Mother, Hattie Turner age 21
6. Mother's Maiden Name, Hattie Haston
7. Mother's Birthplace, Richmond Co. Va.
8. Full Name of Father, Aston Turner
9. Father's Occupation, Labor Class
10. Father's Birthplace, Fairfacks Co. Va.

Name of Medical Attendant, or other person who makes this Return,

Address, Carry Reed 417 Parrish St

Remarks, Falto City

1 8 9 5 0 0 0 7 0 8 0

Section 1. Birth to the Commissioner of Health, in the manner and within the period prescribed by the rules and regulations of the Board of Health, shall become a part of the records of the Board. Any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 69671

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (State whether male or female) White.
2. Race or color, (if not of the white race)
3. Date of Birth, Oct 28-95
4. Place of Birth, (Street and Number) 1437 Columbia ave
5. Full Name of Mother, Julia Schell
6. Mother's Maiden Name, Julia Berger
7. Mother's Birthplace, Germany
8. Full Name of Father, Paul Schell
9. Father's Occupation, Sailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Harry Boyd

Address, 677 Columbia ave.

Remarks,

8 9 5 0 0 0 7 0 8 1

attendance upon the mother, immediately thereafter it shall become the duty of the nurse or other person in charge of such child to report its birth to the Commissioner of Health, in manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

& CO., CITY PRINTERS AND STATIONERS.

CERTIFICATE CORRECTED 8-26-57

RETURN OF A BIRTH. 69672

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Anna Emma ~~Winklewski~~ Winklewski

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female.
2. Race or Color, (if not of the white race)
3. Date of Birth, 28th October 1925.
4. Place of Birth, (Street and Number) Canton Avenue 2912
5. Full Name of Mother, Eva ~~Winklewski~~ Winklewski
6. Mother's Maiden Name, Ottinka.
7. Mother's Birthplace, Germany.
8. Full Name of Father, Friedrich ~~Wilhelm~~ Winklewski
9. Father's Occupation Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return Wm. P. Lechsemann.

Address, 208 Hare st.

Remarks,

8950007082

child to report its birth to the Commissioner of Health, in the manner and within the period above specified, and any such person or persons who shall fail to comply with the provisions of this section shall be and are hereby subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69673

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) — 8

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Oct 29
4. Place of Birth, (Street and Number) 410 Stockholm st
5. Full Name of Mother, Ida wright
6. Mother's Maiden Name, Serina
7. Mother's Birthplace, Balto
8. Full Name of Father, Thomas Wright
9. Father's Occupation, Ship Carpenter
10. Father's Birthplace, Balt

Name of Medical Attendant, or other person who makes this Return, Katie Winch

Address, 800 Leadenhall Street

Remarks,

8 9 5 0 0 0 7 0 8 3

Cause to report its birth to the Commissioner of Health, in the manner and within the period prescribed by law, shall be guilty of a misdemeanor, and upon conviction thereof shall be punished by a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69674

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 29 Oct.
4. *Place of Birth, (Street and Number)* 834 Hanover Street.
5. *Full Name of Mother,* Minnie Albert
6. *Mother's Maiden Name,* Minnie Schwemm.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Albert
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Katie Münch

Address, 800 Leadenhall Street

Remarks,

8950007084

Wm. J. C. Dulany Co., City Printers and Stationers.

...shall to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69675

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 29th
4. *Place of Birth, (Street and Number)* 910 Ridgely St
5. *Full Name of Mother,* Mary Goetz
6. *Mother's Maiden Name,* Mary Goette
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* John R Goetz
9. *Father's Occupation* Life Insurance Agent
10. *Father's Birthplace,* Balto Md.

Name of Medical Attendant, or other person who makes this Return, Mrs Bange

Address, 711 W Cross st.

Remarks,

1 8 9 5 0 0 0 7 0 8 5

Attendance upon the mother, immediately hereafter, is shall become the duty of the person or parents of such child or children, to report to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 69676

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) ~~Bek~~ Female
2. Race or Color, (if not of the white race) Bek
3. Date of Birth, Oct 29th 1895.
4. Place of Birth, (Street and Number) 1128 Hope Lane
5. Full Name of Mother, Martha Plummer
6. Mother's Maiden Name, Martha George
7. Mother's Birthplace, City
8. Full Name of Father, Jas Plummer
9. Father's Occupation, Laborer
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return. Edwin Geer

Address,

Remarks,

+ 8 9 5 0 0 0 7 0 8 6

child to report its birth to the Commissioner of Health, within twenty-four hours after birth, under a penalty of ten dollars for each offense; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

J. S. DUGGY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 69677

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) —

3. Date of Birth, Oct 29, 95

4. Place of Birth, (Street and Number) No 1022 N. Dallas Sta.

5. Full Name of Mother, Christina Fisher

6. Mother's Maiden Name, Rissing

7. Mother's Birthplace, Balti

8. Full Name of Father, Edward Fisher

9. Father's Occupation Shirt cutter

10. Father's Birthplace, Balti

Name of Medical Attendant, or other person who makes this Return, Mrs L. Frys.

Address, No 1907 E Monument Sta.

Remarks,

8 9 5 0 0 9 7 0 8 7

Wm. J. C. Dulany Co., City Printers and Stationers.

Within twenty-four hours after birth it shall become the duty of the person or parents of any child born in this City, if the mother be in a state of health, in the manner and within the period of time prescribed by the Commissioner of Health, to report its birth to the Commissioner of Health, and any such person or parents who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Immediately upon the mother's delivery, if she be in a state of health, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period of time prescribed by the Commissioner of Health, and any such person or parents who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69678

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Oct 29 — 1895
4. *Place of Birth, (Street and Number)* 421 S. Central Ave
5. *Full Name of Mother,* Mary Cecilia Prendergast
6. *Mother's Maiden Name,* Daugherty
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John J. Prendergast
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary Stein

Address, 427 E. Pratt St.

Remarks,

1 8 9 5 0 0 0 7 0 8 8

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69679

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 29/95
4. Place of Birth, (Street and Number) 512 S. Collington Ave.
5. Full Name of Mother, Maggie Ritter
6. Mother's Maiden Name, Rau
7. Mother's Birthplace, Balto.
8. Full Name of Father, Edward Ritter
9. Father's Occupation Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Clough St.

Remarks,

1 8 9 5 0 0 0 7 0 8 9

Ignorance upon the mother, immediately thereafter, shall become the duty of the person or persons in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of Ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69 680

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 29th 1895
4. Place of Birth, (Street and Number) 720 S. Wolf Street
5. Full Name of Mother, Mary Murphy
6. Mother's Maiden Name, Mary Holt
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Joseph Murphy
9. Father's Occupation, Laboring
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mary Engelhart

Address, 1726 Eastern Ave Balto Md

Remarks,

8 9 5 0 0 0 7 0 9 0

Wm J. C. Dulany Co., City Printers and Stationers.

[illegible] to report its birth to the Commissioner of Health, in the manner and within the period required by [illegible] any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69681

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* girl
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 29 October
4. *Place of Birth, (Street and Number)* 1114 Harford Avenue
5. *Full Name of Mother,* Francis Anton
6. *Mother's Maiden Name,* Reinfelder
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Peter Anton
9. *Father's Occupation* tailor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Anna Walter

Address, 928 N. Central Avenue

Remarks, Twins from 5 months time for 100 days.

1 8 9 5 0 0 0 7 0 9 1

Wm. J. C. Dulany Co., City Printers and Stationers.

This place upon the mother, immediately hereafter it shall become the duty of the person or persons in charge of such child, to report to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69682

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Oct 29-95
4. Place of Birth, (Street and Number) 1617 Harford Ave
5. Full Name of Mother, Grace E. Young
6. Mother's Maiden Name, " " Gettings
7. Mother's Birthplace, Balto
8. Full Name of Father, George E. Young
9. Father's Occupation Painter
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Mary A. Allwell

Address, 1438 N. Bond St

Remarks,

8 9 5 0 0 0 7 0 9 2

Section 1. It shall be the duty of the person or parents of each child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69685

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 29 1845
4. Place of Birth, (Street and Number) 1640 N. Washington
5. Full Name of Mother, Annie Prun
6. Mother's Maiden Name, Hanson
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frank Prun
9. Father's Occupation, Switchman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, A. Weyforth M.D.

Address.

Remarks, 8450007093

Attendance upon the mother, immediately thereafter, shall become the duty of the person above required, and shall report the birth to the Commissioner of Health, in the manner and within the time prescribed in this section, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. O. SULLIVAN CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 69684

GIVEN NAME ADDED 10-22-58

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Mary Elizabeth Fenley

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fourth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 29th of October 1895
4. Place of Birth, (Street and Number) 1519 Mt Washington St
5. Full Name of Mother, Mary J Fenley
6. Mother's Maiden Name, Mary J Bussmann
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Walter Robert Fenley
9. Father's Occupation Rail Road Fireman
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

1895 00 0 7 094

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] the undersigned, immediately thereafter, shall become the duty of the person, or, if a child born in a house, to no other person be in [illegible] the person or parents of such child to report its birth, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69685

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City:

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Black
3. Date of Birth, Oct 2 1895
4. Place of Birth, (Street and Number) 225 S Eutaw
5. Full Name of Mother, Elizabeth Brooks
6. Mother's Maiden Name, Cooper
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, George Cooper
9. Father's Occupation Carpenter
10. Father's Birthplace, Calvert Co Md

Name of Medical Attendant, or other person who makes this Return, Mat Davenport
E Pratt

Address, 2024
do ing

Remarks, 8950007095

child in report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons so neglecting shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69686

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, October 29th 1895
4. Place of Birth, (Street and Number) 601 Chapelle
5. Full Name of Mother, Mary A. Hall
6. Mother's Maiden Name, " " Bell
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Jame E. Hall
9. Father's Occupation Waiter
10. Father's Birthplace, Anne Arundel Co.

Name of Medical Attendant, or other person who makes this Return, Frank E. Dell

Address, 612 Collett

Remarks,

8950007096

Such notice upon the mother, immediately hereafter, the owner or midwifery, or should no other person be in charge, then the person who shall have charge of the child, shall become the duty of the parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above prescribed, and such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED - 9/11/68

RETURN OF A BIRTH. 69687

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: JOHN CLARENCE MASON

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 29th Oct 1895.
4. Place of Birth, (Street and Number) 1409 Bruce St
5. Full Name of Mother, Alice Mason
6. Mother's Maiden Name, Alice Beeds
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Adahiel
9. Father's Occupation, Labor
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return. Matilda Johnson

Address, 1408 Bruce St

Remarks,

U 9 5 0 0 0 7 0 9 7

Evidence upon the mother, immediately thereafter shall become the duty of the person or persons, such child to report its birth to the Commissioner of Health, in the manner and within the period required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

A. G. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 69688

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* October 29th 1895
4. *Place of Birth, (Street and Number)* No: 25 Loudon Ave
5. *Full Name of Mother,* Sarah Cantwell
6. *Mother's Maiden Name,* Sarah Kain
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Cantwell
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1 8 9 5 0 0 0 7 0 9 8

attendance upon the mother, immediately thereafter it shall become the duty of the physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period required by law, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69689

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, October the 29 - 1898
4. Place of Birth, (Street and Number) Christian st. No 1915
5. Full Name of Mother, Mary A Walters
6. Mother's Maiden Name, Mary A Walters
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William F Walters
9. Father's Occupation Boiler maker
10. Father's Birthplace, Charleston st Carolina

Name of Medical Attendant, or other person who makes this Return, Mrs S Keller

Address, No 1722 Wilkins Ave

Remarks,

8 9 5 0 0 0 7 0 9 9

Attendance upon the mother, immediately thereafter is shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above prescribed, and any such person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69690

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* Colored race.
3. *Date of Birth,* Born Oct. 29th 1895.
4. *Place of Birth, (Street and Number)* Register St 1711 Baltimore Md.
5. *Full Name of Mother,* Annie E. Sampson.
6. *Mother's Maiden Name,* Annie E. Miller.
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* George W. Sampson.
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Washington D. C.

Name of Medical Attendant, or other person who makes this Return, George Annie Brooks

Address, 1701 E. Mulliken St.

Remarks, No remarks.

18950007100

Wm. J. C. Dulany Co., City Printers and Stationers.

Attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, who may require the report of the person in charge of any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69691

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 22 Oct
4. *Place of Birth, (Street and Number)* 326 Stock St
5. *Full Name of Mother,* Carry Reside
6. *Mother's Maiden Name,* Carry Reside
7. *Mother's Birthplace,* Pennsylvania
8. *Full Name of Father,* Henry Reside
9. *Father's Occupation* Butcher
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Bange

Address, 711 N. Locust.

Remarks,

1 8 9 5 0 0 0 7 1 0 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 696.92

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 29th 95.
4. *Place of Birth, (Street and Number)* 1800 Druid Hill Ave.
5. *Full Name of Mother,* Mary Sperlein
6. *Mother's Maiden Name,* Mary Lohmeis
7. *Mother's Birthplace,* Egg Harbor N. J.
8. *Full Name of Father,* Martin Sperlein
9. *Father's Occupation* Merchant
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Henry C. Price M. D.

Address, 1203 West Fayette St

Remarks,

1895000710 2

Sec. 3. Upon the mother immediately hereafter is delivered of a child, or should no other person be in attendance, the duty of the person or persons of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69693

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White Race
3. Date of Birth, October 29th 1895
4. Place of Birth, (Street and Number) Baltimore Md. 1169 Columbia Avenue
5. Full Name of Mother, Jennie G. Taylor
6. Mother's Maiden Name, Jennie G. Cayward
7. Mother's Birthplace, Saint Marys Co.
8. Full Name of Father, Martin Luther Taylor
9. Father's Occupation Shipping Clerk.
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, M. A. Gedney

Address, 1004 West Lexington St.

Remarks,

0 9 5 0 0 0 7 1 0 3

Wm. J. C. Dulany Co., City Printers and Stationers.

Any person who shall neglect or refuse to report the birth of any child attended upon by him or her, or who shall be a person or practitioner of midwifery, or should no other person or persons be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or practitioner of midwifery, or such other person or persons who shall be in attendance upon the mother, within the period above required, and shall neglect or refuse to report the birth of such child to report, to the Commissioner of Health, in the manner and in the form prescribed by the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 9-12-62

CERTIFICATE OF A[redacted] BIRTH. 69 694

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Mary Elizabeth Arniger

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Oct. 29th 1895
4. Place of Birth, (Street and Number) 8 Hooper Ave. West Woodberry
5. Full Name of Mother, Ella Kate Arniger
6. Mother's Maiden Name, Ella Kate Williams
7. Mother's Birthplace, Carroll Co. Md.
8. Full Name of Father, James F. Arniger
9. Father's Occupation, Employee in cotton factory
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Geo. T. Shower, M.D.

Address, 421 Roland Ave. Hampden

Remarks,

1 8 9 5 0 0 0 7 1 0 4

child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

m J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69695

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* W. White
3. *Date of Birth,* October 29 1895
4. *Place of Birth, (Street and Number)* Bond st 842
5. *Full Name of Mother,* Mary Weider
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohaimen
8. *Full Name of Father,* Joseph Weider
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Bohaimen

Name of Medical Attendant, or other person who makes this Return. Mary Hopkins

Address, N Washington st 205

Remarks,

8950007105

Wm. J. C. Dulany Co., City Printers and Stationers.

Child born upon the mother, immediately hereafter, it shall become the duty of the father or other parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such parent or person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 8-22-50

RETURN OF A BIRTH. 69696

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Alma Lorraine

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Oct. 29th 1895
4. *Place of Birth, (Street and Number)* 524 Oliver Place, Hampden
5. *Full Name of Mother,* Emma R. Ayler
6. *Mother's Maiden Name,* Emma R. Wire
7. *Mother's Birthplace,* Kentucky
8. *Full Name of Father,* Thomas F. Ayler
9. *Father's Occupation,* Letter-carrier
10. *Father's Birthplace,* Balt. Co. Md.

Name of Medical Attendant, or other person who makes this Return. Geo. T. Shower, M.D.

Address, 421 Roland Ave. Hampden

Remarks,

8950007106

Wm J. C. Dulany Co., City Printers and Stationers.

Will be a violation of the law for the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time prescribed by law; and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

shall occur without the attendance of a physician or regular midwife, or should no other person be in attendance upon the mother, the Commissioner of Health, in the manner and within the time prescribed, shall be notified of such birth, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69697

CERTIFICATE CORRECTED 8-9

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Benjamin ~~Lewandowski~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 29 October, 1895
4. Place of Birth, (Street and Number) S Bond str. 838
5. Full Name of Mother, Branislava ~~Lewandowska~~ LEWANDOWSKI
6. Mother's Maiden Name, Matejowsky
7. Mother's Birthplace, Russ Pole
8. Full Name of Father, Peter ~~Lewandowsky~~ LEWANDOWSKI
9. Father's Occupation Tailor
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return, S Bond st. 838

Address, Mary Pretl

Remarks,

1895 0007107

Wm. J. C. Dulany Co., City Printers and Stationers.

any such person or persons who shall hereafter fail, in the manner and within the period above required, to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69698

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, 29 October
4. Place of Birth, (Street and Number) S. Bond st. 504
5. Full Name of Mother, Nepomati Luby
6. Mother's Maiden Name, Kusprovič
7. Mother's Birthplace, Pole
8. Full Name of Father, Lorenz Luby
9. Father's Occupation Workman
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return,

Address, S. Bond St. 838

Remarks, Mary Prett

8950007108

J. C. Dulany Co., City Printers and Stationers.

GIVEN TO MOTHER 4-25-58

RETURN OF A BIRTH. 69699

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Eda Irene Appel

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* October 29, 1895.
4. *Place of Birth, (Street and Number)* 539 Fulton Road.
5. *Full Name of Mother,* Ella Sarah Appel.
6. *Mother's Maiden Name,* Gorsell.
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* Charles Henry Appel.
9. *Father's Occupation* Machinist.
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return, Edwin H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks,

1895 0 0 7 1 0 9

Wm. J. C. Dulany Co., City Printers and Stationers.

Every person who shall be a midwife or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth of any child shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, under penalty of Five Dollars for each offence; and such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69700

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Oct 27 1895

4. Place of Birth, (Street and Number) St Vincents Inf Asylum

5. Full Name of Mother, Valetine Smith

6. Mother's Maiden Name, "

7. Mother's Birthplace, V.

8. Full Name of Father, not known

9. Father's Occupation "

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, A. C. Basin M. D.

Address, Cor North & Sarum

Remarks,

1 8 9 5 0 0 0 7 1 1 0

In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall be the duty of the person or parents, or other person, to report the birth to the Commissioner of Health in the manner and within the period prescribed, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69701

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 29/95
4. Place of Birth, (Street and Number) B. M. Maternité 294 N. Bond St
5. Full Name of Mother, Lizzie Kirby
6. Mother's Maiden Name, " " "
7. Mother's Birthplace, Balto City
8. Full Name of Father, Anton Slayton
9. Father's Occupation Type Writer
10. Father's Birthplace, not known.

Name of Medical Attendant, or other person who makes this Return, J. C. Ohlendorf Jr. M. D.

Address, 518 N. Bond St

Remarks,

8 9 5 0 0 0 7 1 1 1

Any person who shall neglect or refuse to make the return required by this section, or any physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the physician, or parents of such child to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

attendance upon the birth of a physician or practioner of midwifery, or in case the birth of any child shall occur in the mother's lodgings, or elsewhere, without the presence of any person or persons be in any such person or persons, who shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69702

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct. 30 1895
4. *Place of Birth, (Street and Number)* 666 W Saratoga St.
5. *Full Name of Mother,* Elizabeth Hildebrand
6. *Mother's Maiden Name,* Kernan
7. *Mother's Birthplace,* Balto
8. *Full Name of Father* John V. Hildebrand
9. *Father's Occupation* Book Keeper
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, [illegible]

Remarks, 939 W Fayette St

8950007112

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69703

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 30, 1895
4. Place of Birth, (Street and Number) 905 Columbia ave
5. Full Name of Mother, Mary Elizabeth Arnold
6. Mother's Maiden Name, " " Neumann
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, John C. Arnold
9. Father's Occupation Clerk,
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, H. E. Kupp M.D.

Address, 523 Scott St.

Remarks,

[illegible] of any child [illegible] no other person be in [illegible] duty of the person or parents of such [illegible] within the period above recited, and [illegible] in the manner and within the period above recited, and [illegible] to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[illegible] of midwifery, or attend [illegible] of practioner of midwifery, or attend [illegible] birth to the Commissioner of Health [illegible] duly such person or persons who shall neglect or fail [illegible] ditances upon the mother, immediately thereafter, in the [illegible] ...

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69704

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Oct 30 - 95
4. Place of Birth, (Street and Number) 1406 Orleans
5. Full Name of Mother, Adelade V. Jones
6. Mother's Maiden Name, " " Rock
7. Mother's Birthplace, Balto
8. Full Name of Father, Wm J. Jones
9. Father's Occupation Shipping Clerk
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Mary A Allwell

Address, 1438 N. Bond St

Remarks,

8 9 5 0 0 0 7 1 1 4

attendance upon the mother, immediately thereafter. It shall become the duty of the person so performed such child to report its birth to the Commissioner of Health, in the manner and within the period above prescribed, and any such person or persons who shall here after fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69705

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 30/45
4. Place of Birth, (Street and Number) 2036 E. Preston Str.
5. Full Name of Mother, Elizabeth Grill
6. Mother's Maiden Name, Alt
7. Mother's Birthplace, Balto.
8. Full Name of Father, Fred. Grill
9. Father's Occupation Storekeeper
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2227 Gough Str.

Remarks,

8750007115

Wm. J. C. Dulany Co., City Printers and Stationers.

attendance upon the birth of a child is a physician or practitioner of midwifery, or should no other person be in attendance upon the birth of a child, it shall become the duty of the person in charge of the premises where such child is born, immediately thereafter, in the manner and within the time prescribed by the Commissioner of Health, to report the birth of such child to the Commissioner of Health, and it shall be required, and any such person or persons who shall be so required to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69706

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct. 30/95
4. *Place of Birth, (Street and Number)* 220 N. Chappel Str.
5. *Full Name of Mother,* Louisa Kern
6. *Mother's Maiden Name,* " Buettner
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* John Kern
9. *Father's Occupation* Laberer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough St.

Remarks,

8950007116

[illegible] between the first and [illegible] office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69707

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race)
3. Date of Birth, Oct 30th 1895
4. Place of Birth, (Street and Number) 1523 Stockton Stret
5. Full Name of Mother, Ella Aylesworth
6. Mother's Maiden Name, Ella Dolan
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Charles Aylesworth
9. Father's Occupation Stair Builder
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Henry Dorsey M.D.

Address, 1809 Lanvale

Remarks,

18950007117

Wm. J. C. Dulany Co., City Printers and Stationers.

Shall occur without the attendance of a physician or practitioner of midwifery, the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or shall be in any other manner unattended by any person of skill, shall upon the mother, immediately after the birth, or other person in charge of the person or parents of such child to report its birth to the Commissioner of Health, to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 10-1-59

RETURN OF A BIRTH. 69708

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Eugenia House

No. of Child of Mother. (*state whether* 1*st*, ~~2d, 3rd,~~ *&c.*)

1. *Sex,* (~~*state whether male or*~~ *female*)
2. *Race or Color.* (~~*if not of the*~~ *white race*)
3. *Date of Birth.* October 30th 1895
4. *Place of Birth,* (*Street and Number*) 537 Aisquith St
5. *Full Name of Mother,* Mary L House
6. *Mother's Maiden Name,* " Robinson
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William A House
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. J. Ridgway Andrè M.D.

Address, 1123 E. Balto St

Remarks, 8950007118

All persons without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, then the mother, shall within twenty-four hours after the birth of any child, give notice of such birth to the Commissioner of Health. In the manner and within the period prescribed by law, any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69709

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.), Third

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 30 1895
4. Place of Birth, (Street and Number) Baltimore, Md
5. Full Name of Mother, Victoria Taylor
6. Mother's Maiden Name, " Welch
7. Mother's Birthplace, 1609 N. Carey
8. Full Name of Father, Geo W Taylor
9. Father's Occupation Painter
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Sarah E. Dee

Address, 612 Collett St

Remarks,

0950007119

Wm. J. C. Dulany Co., City Printers and Stationers.

Any person who shall receive a fee or reward for the same as other of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become and it shall be the duty of such person or persons within the period above required, and in the manner above prescribed, to report the birth of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

one

RETURN OF A BIRTH. 69710

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Wilhelmine Catharine Buddenbohm

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Oct 30 — 1895
4. *Place of Birth, (Street and Number)* 110 S. Bethel St.
5. *Full Name of Mother,* Annie Buddenbohm
6. *Mother's Maiden Name,* Aprene
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Ferdinand Buddenbohm
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this return. Mary Stein

Address, 1929 E. Pratt St.

Remarks,

1895000712 0

Wm. J. C. Dulany Co., City Printers and Stationers.

attendance upon the mother, immediately thereafter. It shall become the duty of the person, or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period required, and any such person or parents who shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69711

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, October 30th 1895.
4. Place of Birth, (Street and Number) 48 - W. Biddle St.
5. Full Name of Mother, Maud Buchanan Blakistone.
6. Mother's Maiden Name, Maud Buchanan Price.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, George Blakistone.
9. Father's Occupation, Attorney at Law.
10. Father's Birthplace, St Mary's County - Maryland.

Name of Medical Attendant, or other person who makes this Return. Robt T. Wilson M.D.

Address, 814 & 820 Park Ave

Remarks,

8 9 5 0 0 0 7 1 2 1

Any Medical Attendant or other person who shall neglect or refuse to make a return of a birth, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or shall be the person in attendance, or other person, shall forfeit and pay the sum of five dollars, and if a physician or practitioner of midwifery, or shall be the person in attendance, he shall forfeit his license, and shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recovered.

1891, J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 69712

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Lillian ~~Elizabeth~~ Schneider (over)

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White 1895
3. *Date of Birth.* October 30 1895
4. *Place of Birth. (Street and Number)* #907 Madison ave Baltimore Md
5. *Full Name of Mother,* Maggie Schneider
6. *Mother's Maiden Name,* Maggie Hoefling
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* George Schneider
9. *Father's Occupation* Fireman
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Susan Heuston

Address, 23d Poppleton St

Remarks,

18950007122

[illegible] by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69713

GIVEN NAME ADDED 1/5/61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: THURMAN BEALE TOWIL

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* M
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Oct 30. 95
4. *Place of Birth, (Street and Number)* 316 N Stricker
5. *Full Name of Mother,* Rosa Belle Towil
6. *Mother's Maiden Name,* " " Rogers
7. *Mother's Birthplace,* Va
8. *Full Name of Father,* M. T. Towil
9. *Father's Occupation* Merchant
10. *Father's Birthplace,* Va

Name of Medical Attendant, or other person who makes this Return, J M Hundley

Address, 1002 Ed Ave

Remarks,

1895000 7123

Wm. J. C. Dulany Co., City Printers and Stationers.

Sec. 3. Be it further ordained, that no person shall be allowed to make a return of a birth, except the first and attendance upon the mother, immediately thereafter it shall become the duty of the parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69714

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 30th of October 95
4. *Place of Birth, (Street and Number)* 212½ W Pratt St
5. *Full Name of Mother,* Sovia Börs
6. *Mother's Maiden Name,* Sovia Schmüller
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* William Börs
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Friederike Keuler Midwife

Address, 2116 W Pratt St

Remarks,

1895000071 24

shall occur without the attendance of a physician or registered nurse, the mother or other person in attendance upon the mother, immediately thereafter it shall become the duty of such person to report the birth to the Commissioner of Health, in the manner and within the period above recited, and any such person so offending and failing to comply with the provisions of this section shall be subject to the fine or fine (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 69715

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether male or female),* F.
2. *Race or Color (if not of the white race),* W.
3. *Date of Birth,* October 30. 95
4. *Place of Birth (Street and Number),* 1016 E. Fayette St.
5. *Full Name of Mother,* Christiana Schwarz
6. *Mother's Maiden Name,* Klein
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Raymond Schwarz
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Austria

Name of Medical Attendant, or other person who makes this Return. A. Whitehead M.D.

Address, 5. S. Exeter St.

Remarks,

Publishing Co., City Printers and Stationers

1 6 9 5 0 0 0 7 1 2 5

Mother: Immediately thereafter it shall become the duty of the mother or nurse of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person offending shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69716

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Balto Oct. 31 1895
4. *Place of Birth, (Street and Number)* 111 S. Marmadt Street Balto. Md.
5. *Full Name of Mother,* Lina Gall
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Austria
8. *Full Name of Father,* Ellis Gall
9. *Father's Occupation* Barber
10. *Father's Birthplace,* Austria

Name of Medical Attendant, or other person who makes this Return, M.D. Jesse Bolton

Address, 41 E. York Street Balto Md.

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

1895 00 7126

attendance upon the mother, immediately thereafter. If the income tax of the person or parents of such child to report its birth to the Commissioner of Health, in the manner prescribed by the rules and regulations of the Board of Health, and within the period above required, and any other person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69717

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 31st of October 95

4. Place of Birth, (Street and Number) 2242 McHenry St.

5. Full Name of Mother, Marie Block

6. Mother's Maiden Name, Marie Gletkowe

7. Mother's Birthplace, Baltimore

8. Full Name of Father, John Block

9. Father's Occupation Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Friederike Henler Midwife

Address, 2116 W Pratt St.

Remarks,

1 8 9 5 0 0 0 7 1 2 7

shall occur without the attendance of a physician or midwife, or should no other person of such attendance make the return, it shall become the duty of the person above required, and also of every person in the house where such birth shall occur, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

Over

RETURN OF A BIRTH. 69718

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 31st of October 95

4. Place of Birth, (Street and Number) Watts Lane, no number

5. Full Name of Mother, Ana Manger

6. Mother's Maiden Name, Ana Braun

7. Mother's Birthplace, Balto

8. Full Name of Father, John E. Manger

9. Father's Occupation Butcher

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Friedesille Heuler midwife

Address, 2116 W Pratt St.

Remarks, Full name of child - Lloyd Arthur Manger

1 8 9 5 0 0 0 7 1 2 8

Wm. J. C. Dulany Co., City Printers and Stationers.

Any person who shall neglect or refuse to report the birth of any child as aforesaid, or any person who shall knowingly make a false report of the birth of any child, or any person who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Any person who shall neglect or refuse to report the birth of any child as aforesaid, or any person who shall knowingly make a false report of the birth of any child, or any person who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period prescribed and any such person or parents who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69719

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, October 31st 1895
4. Place of Birth, (Street and Number) No. 117 Raford St.
5. Full Name of Mother, Kate Arnold
6. Mother's Maiden Name, Kate Pingel
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Arnold
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

1 8 9 5 0 0 0 7 1 2 9

ected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69720

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, October 31th
4. Place of Birth, (Street and Number) Balto. 216 Bethel St
5. Full Name of Mother, Carrie Wiggins
6. Mother's Maiden Name, Carrie Johnson
7. Mother's Birthplace, Balto
8. Full Name of Father, Joseph Wiggins
9. Father's Occupation, Sailor
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Susan Hooper

Address, 123 Durham St.

Remarks, No remarks doing well.

1 3 9 5 0 0 0 7 1 3 0

attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

and Stationers.

RETURN OF A BIRTH. 69721

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10 th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, October . 31 . 1895
4. Place of Birth, (Street and Number) 1421 . hanover . St
5. Full Name of Mother, Elizebeth Casey
6. Mother's Maiden Name, Elizebeth Croh
7. Mother's Birthplace, Baltimore md
8. Full Name of Father, Patrick Casey
9. Father's Occupation, Labor
10. Father's Birthplace, ireland

Name of Medical Attendant, or other person who makes this Return. Ellenora . a. anderson

Address, 1434 . Patapsco . St

Remarks,

8950007131

Wm J C. Dulany Co., City Printers and Stationers.

[illegible] a physician or practitioner of midwifery, or any other person, (in the absence of a physician or practitioner of midwifery, or in case the birth of any child shall take place without the presence of any such person, then the mother,) in attendance upon the mother, immediately thereafter, shall, in the manner and within the period above required, and under the penalties of perjury, if such person be a physician or practitioner of midwifery, or any such person, if a person other than such, shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69 722

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, October 31/15
4. Place of Birth, (Street and Number) 1135 Cookson St
5. Full Name of Mother, Mrs Kate McDonald
6. Mother's Maiden Name, " Hill
7. Mother's Birthplace, England
8. Full Name of Father, Wm McDonald
9. Father's Occupation, Laborer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs Ann Adams

Address, 1112 Hartford St

Remarks,

8 9 5 0 0 0 7 1 3 2 .

Wm J C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance within the city of Baltimore, the father, or in his absence, the mother, or other person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69723

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 31 October 1895
4. *Place of Birth, (Street and Number)* 226 S. Wolfe St
5. *Full Name of Mother,* Serra Krecket
6. *Mother's Maiden Name,* Serra Kres
7. *Mother's Birthplace,* Preus Gorge Co.
8. *Full Name of Father,* Frans Krecket
9. *Father's Occupation* Kapsen
10. *Father's Birthplace,* Baltimore, MD.

Name of Medical Attendant, or other person who makes this Return, Ellen Smith

Address, 504 S. Washington St

Remarks,

8 9 5 0 0 0 7 1 3 3

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 69724

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Oct 31 1895
4. Place of Birth, (Street and Number) 114½ Market Place
5. Full Name of Mother, Margretha Kelly
6. Mother's Maiden Name, Mc Cherry
7. Mother's Birthplace, Fredrickburg Va
8. Full Name of Father, Thomas Kelly
9. Father's Occupation Mariner
10. Father's Birthplace, Irland

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address 1427 E. Pratt St.

Remarks,

1 8 9 5 0 0 0 7 1 3 4

Wm. J. C. Dulany Co., City Printers and Stationers.

Whoever shall be in attendance as a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person so attending to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall be guilty of a violation of, or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69725

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 31 October
4. *Place of Birth, (Street and Number)* S. Bond st. 119
5. *Full Name of Mother,* Baby Pittajner
6. *Mother's Maiden Name,* Kilysteiner
7. *Mother's Birthplace,* Bajer Germany
8. *Full Name of Father,* Leo Pittajner
9. *Father's Occupation* Workman
10. *Father's Birthplace,* Bajer Germany

Name of Medical Attendant, or other person who makes this Return.

Address, S. Bond st. 838

Remarks, Mary Pretl

1 8 9 5 0 0 0 7 1 3 5

Form. 7 C. Dulany Co., City Printers and Stationers.

Can't to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the requirements of this section shall be subject to the pay of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69926

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 31 1895
4. Place of Birth, (Street and Number) 410 N. Hoffman St
5. Full Name of Mother, Eliza Parker
6. Mother's Maiden Name, Eliza Parker
7. Mother's Birthplace, Va.
8. Full Name of Father, James Brown
9. Father's Occupation Druggist
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Louis Eaton M.D. Res. Phys.

Address, Maternité Maryland Med. College 410 N. Hoffman St.

Remarks.

6950 07136

Wm. J. C. Dulany Co., City Printers and Stationers.

Attendance upon the mother, immediately after the birth, in the manner and within the period above required, and any other person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69 727

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) W. Bride
3. Date of Birth, Oct 1st 1895
4. Place of Birth, (Street and Number) No 1626 N Bond st
5. Full Name of Mother, Maggie Manning
6. Mother's Maiden Name, Fitzpatrick
7. Mother's Birthplace, Baltimore
8. Full Name of Father, W F Manning
9. Father's Occupation Bricklayer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Mr Worden

Address, 1000 E. Hoffman st.

Remarks,

8450007137

Wm. J. C. Dulany Co., City Printers and Stationers.

In case the birth of any child shall occur without the attendance of a physician or midwife, or within one week after birth, the parent or other person in charge of such child, or the person in whose house the birth shall occur, or the person who shall become the duty of the person or parents of such attendance upon the mother, immediately after the birth, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69728

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 6, 1895.
4. *Place of Birth. (Street and Number)* 1610 Huntington Ave
5. *Full Name of Mother,* Margt Hart
6. *Mother's Maiden Name,* Carpenter
7. *Mother's Birthplace.* Baltimore
8. *Full Name of Father,* James Hart
9. *Father's Occupation* Merchant
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, 1101 Madison St

Remarks,

1 8 9 5 0 0 0 7 1 3 8

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the parents of such child to report the birth to the Registrar of Vitals, in manner and with the particulars required and such report to be made within ten days after the birth, and any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69729

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Oct. 2, 1898
4. Place of Birth, (Street and Number) 832 N. Eutaw St. Balto.
5. Full Name of Mother, Margaret Carey
6. Mother's Maiden Name, Margaret Thomas
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, A. Morris Carey
9. Father's Occupation. Baltimore, Md
10. Father's Birthplace, Howard A. Kelly

Name of Medical Attendant, or other person who makes this Return. 1406 Eutaw Place, Balto.

Address,

Remarks,

8 4 5 0 0 0 7 1 3 9

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, then the mother, immediately thereafter, shall become the duty of the person or persons in such attendance, or, in default thereof, the mother, to give notice within the period above required, and shall report the birth to the Commissioner of Health, in the manner and with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 69730

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 2d — 95
4. *Place of Birth, (Street and Number)* # 6 Independent st
5. *Full Name of Mother,* Lillie M Bayless
6. *Mother's Maiden Name,* " " Lenthicum
7. *Mother's Birthplace,* North Carolina
8. *Full Name of Father,* William H Bayless
9. *Father's Occupation* Calector
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. R L V Rankin M D

Address, 811 Jefferson Ave & Waverly

Remarks,

1 8 9 5 0 0 0 7 1 4 0

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] to be officer of the Commissioner of Health. In case the birth of a child shall occur without the attendance of a midwife or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and with the particulars required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 69731

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 3.95
4. Place of Birth, (Street and Number) 39 Little Front St.
5. Full Name of Mother, Lena Weiger
6. Mother's Maiden Name, Lena Schmidt.
7. Mother's Birthplace, Germany
8. Full Name of Father, Leon C Weiger
9. Father's Occupation, Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return Thomas Geer

Address,

Remarks,

8 9 5 0 0 0 7 1 4 1

attendance upon the mother, immediately thereafter, shall become the duty of the person or persons required, and child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

THOS. J. G. GALANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 69732

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* Oct 3, 1895
4. *Place of Birth, (Street and Number)* 32 Vincent St.
5. *Full Name of Mother,* Mary E Smith
6. *Mother's Maiden Name,* Ind E Green
7. *Mother's Birthplace,* Easter Shore Md
8. *Full Name of Father,* Edward Smith
9. *Father's Occupation* Laboring
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1 8 9 5 0 0 0 7 1 4 2

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69733

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 3rd 95
4. Place of Birth, (Street and Number) #2037 E. N. Ave
5. Full Name of Mother, Emma C. Parrish
6. Mother's Maiden Name, " " Benosky
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Elmer A Parrish
9. Father's Occupation House Carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, R. G. Rankin M.D.

Address, 811 Jefferson Ave Waverly

Remarks,

8950007143

Every birth shall be reported to the Office of the Commissioner of Health, in such form as he may prescribe, within one week after the birth, and every birth shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, Immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall have neglected or failed to comply with the provisions of this section shall be subjected to the fine or fines (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 4-17-59

RETURN OF A BIRTH. 69734

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Charles Inder

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct. 3rd 1895
4. *Place of Birth, (Street and Number)* 1512 N. Gay st.
5. *Full Name of Mother,* Barbara Inder
6. *Mother's Maiden Name,* " Schriefer
7. *Mother's Birthplace,* Balto. City
8. *Full Name of Father,* John E. Inder
9. *Father's Occupation,* Bricklayer
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, E. B. Fenby, M.D.

Address,

Remarks,

18950007144

Wm. J. C. Dulany Co., City Printers and Stationers.

Attendance Required. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69735

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Matilda Alberta ~~Claus~~

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 4/95
4. Place of Birth, (Street and Number) 1242 N. Washington St
5. Full Name of Mother, Joseph Claus
6. Mother's Maiden Name, Wollering
7. Mother's Birthplace, Balto
8. Full Name of Father, Emil C. Claus
9. Father's Occupation, Police Officer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, S. H. Elsner M. D.

Address, 154 E. Eager St

Remarks, OTHER NAME ADDED 3-3-53

6750007145

Wm J C. Dulany Co., City Printers and Stationers.

Attention is called to the obligation of a physician or practitioner of midwifery, in case the birth of any child takes place upon the mother, immediately thereafter, to inform the person in charge of the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69 736

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d Anna Yaffe

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 6th 1895
4. Place of Birth, (Street and Number) 12 Aberdeen St
5. Full Name of Mother, Lena Yaffey
6. Mother's Maiden Name, Lena A. Ostrin
7. Mother's Birthplace, Russia
8. Full Name of Father, Harris Yaffey
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Finsberg

Address, 27 Lloyd St

Remarks, GIVEN NAME ADDED. 2-29-52

8950007146

shall occur without the city limits, shall be subject to a penalty of twenty dollars; and in case the birth of any child shall occur without the city limits, and no physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, will be subject to a penalty of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69707

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
   name Mary Troy
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 8, 1895
4. Place of Birth, (Street and Number) 928 Hillman
5. Full Name of Mother, Catherine Troy
6. Mother's Maiden Name, Howe
7. Mother's Birthplace, Ireland
8. Full Name of Father, Patrick Troy
9. Father's Occupation, Laborer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. S. F. Brunch M.D.

Address, 1051 Aisquith St.

Remarks,

8950007147

shall occur within the twenty month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above recited, and any such person or persons who shall neglect or refuse to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately upon the birth of any child it shall become the duty of the person or persons of such child to report the same to the Commissioner of Health, in the manner and within the period above recited, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69738

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 8th
4. *Place of Birth, (Street and Number)* 511 E. Eager St
5. *Full Name of Mother,* Kate Hannon
6. *Mother's Maiden Name,* O'Neill
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Hugh Hannon
9. *Father's Occupation* Bookkeeper
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, J. Grant M.D.

Address, 1051 Argyle St.

Remarks,

8 9 5 0 0 0 7 1 4 8

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69739

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct. 1th 1895
4. *Place of Birth, (Street and Number)* 109 S. High St.
5. *Full Name of Mother,* Lilly Seven
6. *Mother's Maiden Name,* Lilli Yudelson
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Abraham Seven
9. *Father's Occupation* Tinworking
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Finelberg

Address, 27 Lloyd St.

Remarks,

69500071149

shall occur within that every month to the office of the Commissioner of Health. In case the birth of any child attendance upon the mother, or otherwise, or should no other person be in child to report its birth to the Commissioner of Health, in the manner and within the period prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69740

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct. 10th 1895
4. *Place of Birth, (Street and Number)* 1618 Latrobe Street
5. *Full Name of Mother,* Barbara Annie Thompson
6. *Mother's Maiden Name,* Barbara Annie Roter
7. *Mother's Birthplace,* Baltimore County Md.
8. *Full Name of Father,* Robert Lee Thompson
9. *Father's Occupation* Ice Cream maker
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs Wooden

Address, corner of Hoffman & Ensor Streets.

Remarks,

8450007150

shall occur without the attendance of a physician or midwife, or shall not other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69741

GIVEN NAME ADDED 3-13-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Herman Christopher Schulz

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth. October 12/95

4. Place of Birth. (Street and Number) 410 N Eden St

5. Full Name of Mother, Mary Schulz

6. Mother's Maiden Name, Michel

7. Mother's Birthplace, Balto

8. Full Name of Father, C. Herman Schulz

9. Father's Occupation, Tailor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, S. M. Schlyner M.D.

Address, 1501 E Eager St

Remarks,

8950007151

[illegible] In case the birth of any child [illegible] the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69742

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 14th 1895
4. *Place of Birth, (Street and Number)* 744 E. Lombard St
5. *Full Name of Mother,* Annie Rosenberg
6. *Mother's Maiden Name,* Annie Chroddical
7. *Mother's Birthplace,* Prussia
8. *Full Name of Father,* Simon Rosenberg
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Finesberg

Address, 27 Lloyd St

Remarks,

8 9 5 0 0 0 7 1 5 2

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] day of each and every month to the office of the Commissioner of Health, [illegible] the first and shall occur without the attendance of a physician or practioner of midwifery, or should no other person then [illegible] attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, [illegible] within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69743

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 18th 1895
4. *Place of Birth, (Street and Number)* 407½ Garrett St.
5. *Full Name of Mother,* Annie Spindom
6. *Mother's Maiden Name,* Annie Creager
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Mike Spindom
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Rosie Fineberg

Address, 27 Lloyd St.

Remarks,

8950007153

Wm. C. Dulany Co., City Printers and Stationers.

Every day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur within the city limits, and no physician or practitioner of midwifery or should no other person be in attendance upon the mother, immediately after the birth of the child, the person or persons in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69744

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 18th 1895
4. Place of Birth, (Street and Number) 717 E Lafte St
5. Full Name of Mother, Lilly Driggum
6. Mother's Maiden Name, Lilly Rosen
7. Mother's Birthplace, Russia
8. Full Name of Father, Israel Driggum
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Rosa Finsberg

Address, 27 Lloyd St.

Remarks,

8950 07154

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] day of each and every month to be office of the County Commissioner in the form of a certificate between the first and [illegible] or without the attendance of a physician or practitioner of midwifery, or the person or parents of such child [illegible] immediately thereafter, in the manner [illegible] the birth of any child [illegible] upon the mother, Commissioner fail to comply with the provisions of this section shall be sub- [illegible] to report its birth, or any person who shall be guilty of such offence, to be recovered as other fines and forfeitures are recoverable. [illegible] any such person or persons who shall be guilty of such offence, to be recovered as other fines and forfeitures are recoverable. [illegible] jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69745

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 4 93
4. Place of Birth, (Street and Number) 167 S Chapel Street
5. Full Name of Mother, Maggie Erdl
6. Mother's Maiden Name, " Musselin
7. Mother's Birthplace, Germany
8. Full Name of Father, Valentine Erdl
9. Father's Occupation Wurstmacher
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Geo W Dobbin M.D.

Address, The Johns Hopkins Hospital.

Remarks,

8950007155

Wm. J. C. Dulany Co., City Printers and Stationers.

The attendance of a physician or other person who shall be in attendance upon the mother, immediately thereafter, or shall become aware of such birth, shall report the birth to the Commissioner of Health. In case he or she or the first and any other person in attendance, or shall become aware of such birth, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69746

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female).* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 13 95
4. *Place of Birth, (Street and Number)* Mary Wyler
5. *Full Name of Mother,* " Hirsch
6. *Mother's Maiden Name,* 1837 E Monument Street
7. *Mother's Birthplace,* United States
8. *Full Name of Father,* Edward Wyler
9. *Father's Occupation* Hospital Orderly
10. *Father's Birthplace,* United States

Name of Medical Attendant, or other person who makes this Return. Geo W Robbins M D

Address, The Johns Hopkins Hospital.

Remarks,

8 9 5 0 0 0 7 1 5 3

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter fail to report its birth to the Commissioner of Health, in the manner and within the time required, and any person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 69747

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.
1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* —
3. *Date of Birth,* Oct. 17th 1895
4. *Place of Birth, (Street and Number)* 1312 W. Lexington St.
5. *Full Name of Mother,* Mary E. Bergner
6. *Mother's Maiden Name,* Mary E. Holland
7. *Mother's Birthplace,* Philadelphia
8. *Full Name of Father,* Frederick Bergner
9. *Father's Occupation,* Manufacturer of Picture Frames
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. J. Zopf M.D.

Address, N. E. Cor. North ave & [illegible]

Remarks,

[illegible]; and the [illegible] practitioner in the form of a certificate between the first and [illegible] day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

8450307157

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RETURN OF A BIRTH. 69748

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child. Elita May

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 21 95
4. Place of Birth, (Street and Number) 207 Milton Ave
5. Full Name of Mother, Ella Emmunizer
6. Mother's Maiden Name, " Perry
7. Mother's Birthplace, Virginia
8. Full Name of Father, John Thomas Emmunizer
9. Father's Occupation Sea captain
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Geo W Robbins M D

Address, The Johns Hopkins Hospital

Remarks,

8 7 5 0 0 0 7 1 5 8

Wm. J. C. Dulany Co., City Printers and Stationers.

Any person who shall neglect or refuse to report the birth of any child, or any person who shall report the birth of any child without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, the mother herself is required to report the birth of such child to report its birth to the Commissioner of Health, in the manner and within the time required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69749

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct 24 1895
4. Place of Birth, (Street and Number) 2920 Dolphin
5. Full Name of Mother, Catherine Marquette
6. Mother's Maiden Name, Shoppes
7. Mother's Birthplace, City
8. Full Name of Father, George Lenbach
9. Father's Occupation Merchant
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return, E. Jordan M.D.

Address, 1114 Chesapeake St

Remarks,

B950007159

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practicing midwife, shall cause the child to be registered, and report its birth to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicing midwife, or should no other person be in attendance upon the mother, the mother herself, or the person or persons who shall have charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69750

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Oct. 28, 1895
4. Place of Birth, (Street and Number) 2028 Etting St
5. Full Name of Mother, Rachel Day
6. Mother's Maiden Name, Rachel Johnson
7. Mother's Birthplace, Md
8. Full Name of Father, James Day
9. Father's Occupation, Hod-carrier
10. Father's Birthplace, Va.

Name of Medical Attendant, or other person who makes this Return, Louise Eaton, M.D.

Address, 410 N. Hoffman St.

Remarks,

8950007160

Wm J C. Dulany Co., City Printers and Stationers.

attendance will not the attendance of a physician or regular midwife, the Commissioner of Health. In case the birth of any child shall occur upon the mother, immediately thereafter it shall be the duty of the person in charge of such child or mother, or any other person who may be in the house where such birth shall occur, to give notice of such birth to the Commissioner of Health, in the manner and within the time prescribed above; and if any such person or persons shall neglect or fail to comply with the provisions of this section, such shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69757

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 29 95
4. *Place of Birth, (Street and Number)* 322 South Chapel Street
5. *Full Name of Mother,* Louisa Utz
6. *Mother's Maiden Name,* (?)
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Utz
9. *Father's Occupation* Undertaker
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Geo W Robbins M D

Address, The Johns Hopkins Hospital

Remarks,

8 9 5 0 0 0 7 1 6 1

shall occur without the attendance of a physician or midwife, it shall be the duty of the nurse, or other person present, and in the absence of such nurse or other person, the duty of the parent or parents of such child, to report to the Commissioner of Health, in the manner and within the period above prescribed, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69752

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 1st 95
4. Place of Birth, (Street and Number) 308 N. Multnomy St
5. Full Name of Mother, Amelia Kempen
6. Mother's Maiden Name, Amelia Abrahamson
7. Mother's Birthplace, Germany
8. Full Name of Father, M. Kempen
9. Father's Occupation Salon Keeper
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Joseph Blum

Address, 1[illegible] Druid Ave

Remarks,

8950007162

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 69 753

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state wether male or female) Male

2. Race or Colo (if not of the white race) Colored

3. Date of Bir Oct. 22. 1895

4. Place of Bth, (Street and Number) 819 Lindsay Ave.

5. Full Namof Mother, Mary Lizzie Bennett

6. Mother's Iden Name, Burrell

7. Mother's rthplace, Virginia

8. Full Namof Father, Benjamin Bennett

9. Father's cupation, Porter

10. Father's rthplace, Georgia

Name o Medical Attendant, or other Person who makes this Return. Mrs E. Merley M.D.

Addres 614 N. Howard St.

Remar

y & Co., City Printers and

B 5 0 0 7 1 6 3

birth of any child shall, within the first thirty days of such and every month to the office of the Registrar of Vital Statistics, a return of the birth of such child, with the attendance of a Physician or practitioner of Medicine in attendance upon the mother; and the attendance of a Midwife, or other person, if no Physician or practitioner of Medicine be in attendance upon the mother; and the Registrar shall become the duty of the Registrar of Vital Statistics, to make such report to the Commissioner of Health. In the case of the birth of any child, if any person required by this section to make such report shall neglect or refuse to make such report, or shall be guilty of any other violation of this section, shall be subject to a fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69756

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Ch of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female) male
2. Race or Color, (if not of the white race) colord
3. Date of Birth, oct 22 th 1875
4. Place of Birth, (Street and Number) 218 montford ave
5. Full Name of Mother, Ellen Hughes
6. Mother's Maiden Name, Ellen Hughes
7. Mother's Birthplace, Dorchester co MD
8. Full Name of Father, Harry Sims
9. Father's Occupation sundoy
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, sarah A Jones

Address, 625 patterson Ave Balt

Remarks,

8950007164

Wm. J. C. Dulany, Printers and Stationers

RETURN OF A BIRTH. 69 757

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Pauline ~~Reicke~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Oct. 28 195.
4. *Place of Birth, (Street and Number)* 1825 Federal St.
5. *Full Name of Mother,* Regina Reicke
6. *Mother's Maiden Name,* " Schroh
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Chas. M. Reicke
9. *Father's Occupation* Salesman
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Wm. J. Watson

Address, 1601 ~~1519~~ N. Broadway

Remarks, I may have reported this birth before but not finding a record of it on my stub I now report it to be.

Serial 1 8 9 5 0 0 0 7 1 6 5 W. J. W.

Wm. J. C. Dulany Co., City Printers and Stationers.

This certificate when completed, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person, or parents of such child, to report the birth to the Commissioner of Health. In the manner prescribed in this section, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69758

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 1st 96.
4. Place of Birth, (Street and Number) Chestnut Hill Ave
5. Full Name of Mother, Gulielma E. Sterling
6. Mother's Maiden Name, Matthiot
7. Mother's Birthplace, Balto. City
8. Full Name of Father, Archibald Sterling
9. Father's Occupation Claims Agent City & Suburban R.R.
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, J. B. Mitchell M.D.

Address, 615 Jefferson Ave

Remarks,

8950007164

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner of Health, be sale and place of birth, and the shall occur within the city of Baltimore, or practitioner in the form of a certificate, to be signed by the first and attendance upon the mother, or other person who shall be in attendance of a physician or practitioner of Health. In case the birth of any child to report its birth to the Commissioner of Health, or should no other person or parent of such child hereafter it shall become the duty of the person in charge of the place of birth to report the birth, in the manner and within the period above mentioned, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69759

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct. 8th 1895
4. *Place of Birth, (Street and Number)* Extreme end of West Fayette St
5. *Full Name of Mother,* Mary Fitzsimmons
6. *Mother's Maiden Name,* Not known by me
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James Fitzsimmons
9. *Father's Occupation,* Baker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Thos. P. McCormick M.D.

Address, 1421 Eutaw Place

Remarks,

1 8 9 5 0 0 0 7 1 6 7

When child day of each and every month of the year, duly signed by the practitioner in the form of a certificate between the first and fifteenth days of each month, and the other days of the month, within five days thereafter, under the penalty of twenty dollars for each child and every month's omission; the date and place of birth; and the name, residence and occupation of the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. BULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 69760

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* female.
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* October 9th 1895.
4. *Place of Birth, (Street and Number)* No. 1128 Peach alley
5. *Full Name of Mother,* Mary Feeley.
6. *Mother's Maiden Name,* Mary Burns.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Feeley.
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Katherine Hornung

Address, No 1517 Byrd St.

Remarks,

8950087168

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or parents who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69761

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* ~~Male~~ Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* October 22nd 1895
4. *Place of Birth, (Street and Number)* 614 Forest St.
5. *Full Name of Mother,* Josephine Heid
6. *Mother's Maiden Name,* Saunders
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Frank E. Heid
9. *Father's Occupation* Business Clerk
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr J. B. Hart

Address, 815 Jefferson St

Remarks, Varicity

8950007169

third day of each and every month, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or in case there be no other person to be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine or fine (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69762

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, October 26th 1895.
4. Place of Birth, (Street and Number) Old York Road
5. Full Name of Mother, Evelyn R. Mullen
6. Mother's Maiden Name, Foutz
7. Mother's Birthplace, Maryland
8. Full Name of Father, Thomas Mullen
9. Father's Occupation Stone Cutter
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Dr. J. B. Stark

Address, 815 Jefferson Ave

Remarks, Midwifery

1 8 9 5 0 0 0 7 1 7 0

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fetal

Sex, (state whether male or female) Male

Race or Color, (if not of the white race) Colored

Date of Birth, May 1st 195

Place of Birth, (Street and Number) Mulberry 1134 N Bolton St

Full Name of Mother, Lizzy Thomas

Mother's Maiden Name, Lizzy Thomas

Mother's Birthplace, Maryland

Full Name of Father,

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Chas. E. Boyd M.D.

Address, 1134 N Bolton St.

Remarks,

3 7 5 0 0 7 1 7 1

RETURN OF A BIRTH. 69827

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Nov. 1 95
4. Place of Birth, (Street and Number) 327 Henrietta St
5. Full Name of Mother, Annie Grant
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. M. R. Bruin

Address, 622 N. Lombard St

Remarks,

1 8 9 5 0 0 0 7 1 7 2

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, the parents, or the person who shall have charge of such child to report it, or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69828

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Nov. 1st - 95
4. Place of Birth, (Street and Number) 671 Cider Alley
5. Full Name of Mother, Mary Hargrove
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return Geo. F. Dick

Address, 671 Lombard St

Remarks,

1 8 9 5 0 0 0 7 1 7 3

Wm. J. C. Dulany Co., City Printers and Stationers.

Each birth must be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month, or in lieu thereof, in the manner and at the place of birth and the birth of each child attended by a midwife, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of such midwife to report its birth to the Commissioner of Health in the manner and within the period above required, and any such Person or person who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69829

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Nov. 1st 99
4. *Place of Birth, (Street and Number)* 1117 Harmony Lane
5. *Full Name of Mother,* Octavia Jones
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. Jno. G. Dick

Address, 602 N. Lombard St

Remarks,

8 9 5 0 0 0 7 1 7 4

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur within the limits of a public or private institution, it shall be the duty of the person or officer in charge of such institution to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69 830

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 2 1895
4. Place of Birth, (Street and Number) St. Vincents Infants Asylum
5. Full Name of Mother, Josie Tompson
6. Mother's Maiden Name,
7. Mother's Birthplace, Va
8. Full Name of Father, Not known
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, A. le. Rasin M. D.

Address, 6 ev. North Avenue

Remarks,

8950007175

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] day of each and every month to the office of the Registrar of Vital Statistics, a certificate setting forth the facts and shall occur within the city of Baltimore, and the attendant at such birth, if a physician or practitioner of Health, shall within twenty-four hours after such birth, deliver to such person or person as aforesaid, a blank form of certificate, to be filled by the said person or parents of such child to report in the office of the Commissioner of Health, in the manner and within the period above required, and attendance without the attendance of a physician or practitioner of midwifery, or shall neglect or refuse to report in the manner and within the period above required, and such person or person as aforesaid, shall thereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69831

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) First

1. *Sex,* (*state whether male or female*) Female
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* ~~April 1st~~ Nov 2d
4. *Place of Birth,* (*Street and Number*) 1122 N Mount st
5. *Full Name of Mother,* Addie Alice Spell ~~Twaty~~
6. *Mother's Maiden Name,* " " " "
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* —
9. *Father's Occupation* —
10. *Father's Birthplace,* —

Name of Medical Attendant, or other person who makes this Return, R L Cathin MD

Address, Hospital 1122 N Mount st

Remarks, Illegitimate

8 9 5 0 0 0 7 1 7 6

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 69832

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Nov. 2 1895
4. *Place of Birth, (Street and Number)* Md Lying-in Hosp
5. *Full Name of Mother,* Adlardo Thompson
6. *Mother's Maiden Name,* same
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* unknown
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Fortetown A.B.M.D.

Address, Maryland General Hospital

Remarks,

U75000717 7

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69833

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 3

1. *Sex*, (*state whether male or female*) Male
2. *Race or Color*, (*if not of the white race*) Colored
3. *Date of Birth*, Nov. 13
4. *Place of Birth*, (*Street and Number*) 578 E Chase Lane
5. *Full Name of Mother*, Lizzie Gray
6. *Mother's Maiden Name*,
7. *Mother's Birthplace*,
8. *Full Name of Father*,
9. *Father's Occupation*
10. *Father's Birthplace*,

Name of Medical Attendant, or other person who makes this Return, M R Brum

Address 627 N Lombard St.

Remarks,

8950007178

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] parents, the date and place of birth; and the [illegible] in the form of a certificate between the 1st and the third day of each and every month to the office of the Commissioner of Health. Any person who shall cause a child to be born out of wedlock, or shall become the duty of the person or parents of such child to report its birth, or who shall neglect or refuse to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[illegible] only signed by the practitioner in the form of a certificate between the 1st and the third day of each and every month to the office of the Commissioner of Health. Any person who shall cause a child to be born out of wedlock, or shall become the duty of the person or parents of such child to report its birth, or who shall neglect or refuse to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 6983

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female
2. Race or Color. (if not of the white race) White
3. Date of Birth, Nov. 4th/95
4. Place of Birth, (Street and Number) Mobrinte 113+115 N. Lombard.
5. Full Name of Mother, Sadie Fisher
6. Mother's Maiden Name, Sadie Fisher
7. Mother's Birthplace, Mobrinte 113+115 N. Lombard,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Chas. E. Brach M.D.

Address, 113+115 N. Lombard.

Remarks,

1895000717 9

Wm. J. C. Dulany Co., City Printers and Stationers.

day of each and every month to the office of the Commissioner of Health. place of birth, and the ... by the practitioner in the form of a certificate be sworn to, and ... of a physician or practitioner of midwifery, or should no other person be in shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in ... immediately thereafter, in the manner and within the period above, shall be sub- attendance upon the mother, a return of the birth shall be made, as above required, such ... birth to the Commissioner of Health, in the manner and within the period above, shall be sub- child, or any person or persons who shall wilfully or negligently fail to comply with the provisions and forfeitures are recoverable. ... each person or persons who shall wilfully or negligently fail to comply with the provisions and forfeitures are recoverable. ... jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69835

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Nov. 4 - 95
4. *Place of Birth, (Street and Number)* 121 S. Stockton st
5. *Full Name of Mother,* Stella Freeland
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, J. McG. Dick

Address, 602 N. Lombard st

Remarks,

1 8 9 5 0 0 0 7 1 8 0

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of medicine, it should be the duty of the mother or other person in attendance upon the mother immediately after the birth of such child to report its birth to the Commissioner of Health; and should no other person be in attendance upon the mother, the duty of the person or parents of such child to report its birth to the Commissioner of Health shall become the duty of the person who shall have charge of such child, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be fined, and subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69836

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Nov. 9 '95
4. *Place of Birth, (Street and Number)* 11 N Parish Alley
5. *Full Name of Mother,* Mary Green
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, M. R. Brown

Address, 622 W. Lombard St

Remarks,

1 8 9 5 0 0 0 7 1 8 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69837

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 10

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov. 6 95
4. *Place of Birth, (Street and Number)* 323 Parkin St
5. *Full Name of Mother,* Mrs. Rinkle
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this return, J. M. G. Dick

Address, 621 N. Lombard St

Remarks,

1 8 9 5 0 0 0 7 1 8 2

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be delivered, duly signed by the practitioner in the form of a certificate, to the Registrar of Vital Statistics, and shall be [illegible] circulation of its parcels the date and place of birth; and the shall occur within the city, every month to the office of the Commissioner of Health. In case the birth of any child shall be [illegible] midwifery, or should no other person be in attendance upon the mother, immediately after the birth of such child, the person or persons who shall hereafter fill the place of the person or parents of such child, shall be bound to report such birth to the Commissioner of Health in the manner and with the particulars required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69 838

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Nov. 7th 1895
4. *Place of Birth, (Street and Number)* Maryland Lying in Hosp
5. *Full Name of Mother,* Bessie Kline
6. *Mother's Maiden Name,* same
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* unknown
9. *Father's Occupation* unknown
10. *Father's Birthplace,* unknown

Name of Medical Attendant, or other person who makes this Return, Forkeown. A.B.M.D.

Address, Maryland General Hospital.

Remarks,

U 9 5 0 0 0 7 1 8 3

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] day of each and every month [illegible] by the practitioner in the form of a certificate [illegible] and place of birth; and the shall occur without the attendance of a physician or practitioner of health. In case the birth shall occur without the attendance of a physician or practitioner of health, it shall become the duty of any person being in the house or place where such birth shall occur, or the mother of the child, or the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69839

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Nov. 7- 95
4. *Place of Birth, (Street and Number)* 6 Wm. M. Lombard St
5. *Full Name of Mother,* Laura Watson
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this return, J. McF. Cox

Address, 677 W. Lombard St.

Remarks,

8950007184

Wm. J. C. Dulany Co., City Printers and Stationers.

child day of each and every month, duly signed by the practitioner in the form of a certificate, the date and place of birth and the sex of the child, and the name and residence of the mother, and shall give to the person so delivering the child a receipt therefor. Any person who shall deliver a child without the attendance of a physician or practitioner of midwifery, or shall be the first person to deliver any child, shall immediately thereafter, if an adult, give the same information and within the time and in the manner required of the attendant, and shall report the birth of such child to the Commissioner of Health, in the manner and within the time required by this section, and shall report the birth of any child to report its birth to the Commissioner of Health, in the manner and within the time required by this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69890

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Nov. 11 98
4. *Place of Birth, (Street and Number)* 117 Carlton st
5. *Full Name of Mother,* Lizzie Wright
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. M. R. Brinn

Address, 622 W. Lombard St.

Remarks,

1 8 9 5 0 0 0 7 1 8 5

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, it shall be the duty of the parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be and shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 6984

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Nov. 12 90
4. *Place of Birth, (Street and Number)* 1006 S Eutaw St
5. *Full Name of Mother,* Mary Lee
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant or other person who makes this Return, Wm F. Dick

Address, Cor N Longland St

Remarks,

8 9 5 0 0 0 7 1 8 6

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69842

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Nov. 13 95.
4. Place of Birth, (Street and Number) 815 E. Lee St
5. Full Name of Mother, Charlotte Johnson
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Jm R Brim

Address, 611 N Lombard St

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

6950007187

third day of each and every month to the office of the Commissioner of Health, the date and place of birth; and the child to be upon the mother, immediately by verbal or written notice, of the birth of any child born in her house, and shall forthwith, in the manner and within the period before specified, report the birth to the Commissioner of Health. It shall become the duty of such person or persons to comply with the provisions of this section, as required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered, as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69843

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Nov. 13-95
4. *Place of Birth, (Street and Number)* 622 W Lombard St
5. *Full Name of Mother,* Allie Gates
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, M. R. Bruin

Address, 622 W. Lombard St

Remarks,

1 8 9 5 0 0 0 7 1 8 8

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69844

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 14th/15
4. Place of Birth, (Street and Number) Mekrinte 113+115 N. Lombard St.
5. Full Name of Mother, Annie Robinson
6. Mother's Maiden Name, Annie Robinson
7. Mother's Birthplace, Maryland.
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Chas. E. Brack M.D.

Address, 113+115 N. Lombard

Remarks,

18 V 50007189

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be signed by the practitioner in the form of a certificate between the first and the third day of each and every month, and be delivered at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, the father, or, if dead, or absent from the city, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the father or mother of such child to report its birth to the Commissioner of Health, in the manner and within the period above prescribed, and any such father or mother who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69845

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* March 14 95
4. *Place of Birth, (Street and Number)* 609 S. Howard St
5. *Full Name of Mother,* Kate Patton
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Jno. G. Dear

Address, 602 W. Lombard St

Remarks,

1 8 9 5 0 0 0 7 1 9 0

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] occupation of its parents, the date and place of birth, and the sex of the child, shall be delivered, duly signed by the practitioner, or certificate of birth, and be [illegible] third day of each and every month to the office of the Commissioner of Health, or shall be given to the first man [illegible] shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the case of twins, triplets, quadruplets, or more, the [illegible] any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69846

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Three

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* Brown
3. *Date of Birth,* Born November 15. 1895
4. *Place of Birth, (Street and Number)* No 23 Lower lane Carroll Md
5. *Full Name of Mother,* Ford co Williams
6. *Mother's Maiden Name,* x x
7. *Mother's Birthplace,* Carroll Md
8. *Full Name of Father,* x x
9. *Father's Occupation* x x
10. *Father's Birthplace,* x x

Name of Medical Attendant, or other person who makes this Return, Mrs. Betsy Hicks

Address, Carroll Md Ann

Remarks,

8 9 5 0 0 0 7 1 9 1

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the registrar of the district, and the sum of ten cents shall be paid by the registrar to such practitioner for every certificate so delivered. In case the birth occurs without attendance upon the occasion by a physician or practitioner of midwifery, or should no other person be in attendance upon the occasion, then the parent or parents of the child, or the person or persons in charge of such child to report its birth to the Commissioner of Health, in the manner and within the time prescribed by the rules and regulations of the Board of Health, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69847

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Nov. 16 F5
4. *Place of Birth, (Street and Number)* 204 Dawson Alley
5. *Full Name of Mother,* Mary Gaulet
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, J. R. Brown

Address 632 W Lombard St

Remarks,

1 8 9 5 0 0 0 7 1 9 2

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner or midwife, or if said or other person be in attendance upon the mother, immediately hereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69848

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov. 17 95
4. *Place of Birth, (Street and Number)* 632 N. Lombard St
5. *Full Name of Mother,* Florence Rogers
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. J. M. C. Dick

Address, 632 N. Lombard St.

Remarks,

1 8 9 5 0 0 0 7 1 9 3

RETURN OF A BIRTH. 69849

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Apr. 18 98
4. *Place of Birth, (Street and Number)* 847 Bayard st
5. *Full Name of Mother,* Julia Smith
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant or other person who makes this Return, J. M. B. Dick

Address, 600 W. Lombard st

Remarks,

1 8 9 5 0 0 0 7 1 9 4

said schedule shall be delivered, duly signed by the practitioner, the City Health Commissioner of Health, a certificate between the first and third day of each and every month to the office of the Commissioner of Health. If any such physician or practitioner of midwifery, or should no other person be in attendance, upon the mother immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69850

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Nov. 28, 95
4. *Place of Birth, (Street and Number)* 677 W. Lombard st
5. *Full Name of Mother,* Maggie Gray
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this return, M. R. Bruin

Address, 677 W. Lombard St

Remarks,

said schedule shall be delivered, duly signed by the physician or other person in charge, the date of birth and the sex of each child, (if any shall have been born) and the full name and occupation of its parents, the date of birth and the sex of each and every month to the office of the Commissioner of Health, in the form of a certificate for the purpose, which shall be furnished by the said Commissioner of Health. In case the birth of any child shall occur within the city, and no physician or midwife or other person in charge of the child to report its birth to the Commissioner of Health, it shall become the duty of the mother, and in case such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1 8 9 5 0 0 0 7 1 9 5

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69851

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &*c.*) 1st

1. *Sex*, (*state whether male or female*) Male
2. *Race or Color*, (*if not of the white race*) White
3. *Date of Birth*, Nov. 18. 1895
4. *Place of Birth*, (*Street and Number*) St Vincents Infants Asylum
5. *Full Name of Mother*, Bertha Taylor
6. *Mother's Maiden Name*, "
7. *Mother's Birthplace*, Va
8. *Full Name of Father*, Not known
9. *Father's Occupation* "
10. *Father's Birthplace*,

Name of Medical Attendant, or other person who makes this Return, R. L. Dorsey M. D.

Address, 600 North Gamma

Remarks,

0950007196

third day of each and every month to the office of the Commissioner of Health. In case of twins, triplets, or more, the date and place of birth; and the shall occur without the attendance of a physician or practitioner of midwifery, or should no other person have been in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to make a return of its birth to the Commissioner of Health, in the manner and with the same particulars required, and any such person or persons who shall hereafter fail to comply with the provisions of this section within the period above required, and subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69852

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Nov. 19th 1905
4. *Place of Birth, (Street and Number)* 602 W. Lombard St.
5. *Full Name of Mother,* Nellie Waters
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation,*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. J. McF Dick

Address, 602 W. Lombard St

Remarks,

8950007197

and shall be delivered, duly signed by the practitioner in the form of a certificate, to the Registrar of Vitals, or his agent, in the district in which the child shall have been born, within one week after the birth, or else be liable to a fine of five dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69853

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Nov 20 93
4. *Place of Birth, (Street and Number)* 1027 Wagon alley
5. *Full Name of Mother,* Della Green
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. Dr R Brown

Address, 602 W Lombard St

Remarks,

8950007198

Wm. J. C. Dulany Co., City Printers and Stationers.

said cohabitation, the name and occupation of its parents, the place, the date and place of birth, and the sex of such child (if any shall be born of such cohabitation), in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, and the same shall be recorded shall be delivered, duly signed by the practitioner or person in attendance upon the mother, immediately after such birth, or shall be delivered to the person or persons in attendance upon the mother, immediately after such birth, or shall be left at the place of the birth of any child shall occur without the attendance of a practitioner, it shall become the duty of the person or persons of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine or ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69854

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Nov. 21 96
4. *Place of Birth, (Street and Number)* 210 Jackson St
5. *Full Name of Mother,* Laura Bell
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant or other person who makes this Return, Dr. E. Dick

Address, 602 W. Lafayette St.

Remarks,

8 9 5 0 0 0 7 1 9 9

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] sex, color, the full name and occupation of its parents, the date and place of birth and the full name of each child, if any, shall be said schedule shall be delivered, duly signed by the attendant, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. It shall become the duty of the person or persons in attendance without the attendance of a physician or practitioner of midwifery, or absent from the place of birth of any child shall omit or neglect to make such report, or shall make a false or incorrect report, or shall neglect or refuse to deliver the certificate, it shall become the duty of the person or persons so in child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69855

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Nov. 4th 95

4. *Place of Birth, (Street and Number)* Cor N. Lombard St

5. *Full Name of Mother,* Addie Frensmith

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,*

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. M. R. Brin

Address,

Remarks,

1 8 9 5 0 0 0 7 2 0 0

name of each child, (if any shall have sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69856

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Nov. 22/95
4. *Place of Birth, (Street and Number)* Mckenzie 113+115 N. Lombard
5. *Full Name of Mother,* Rebecca Cole
6. *Mother's Maiden Name,* Rebecca Cole
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Chas. E. Brack M.D.

Address, 113+115 N. Lombard.

Remarks,

1 8 9 5 0 0 0 7 2 0 1

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the first day of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person have in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such report to be made by any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine or ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69857

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Nov. 28/95
4. *Place of Birth, (Street and Number)* Maternity 113+115 N. Lombard.
5. *Full Name of Mother,* Lavinia Gaskins
6. *Mother's Maiden Name,* Lavinia Gaskins
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Chas. E. Brack M.D.

Address, 113+115 N. Lombard St.

Remarks,

8950007202

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69858

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ____

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* November 24 1855
4. *Place of Birth, (Street and Number)* Polk St Homestead no number
5. *Full Name of Mother,* Miss Annie Whatkins
6. *Mother's Maiden Name,* ____
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Not Known to me
9. *Father's Occupation* ____
10. *Father's Birthplace,* ____

Name of Medical Attendant, or other person who makes this Return, H. Young Methrick M.D.

Address, 237 Gorsuch Ave

Remarks, This Girl is not Married

1 0 9 5 0 0 0 7 2 0 3

Wm. J. C. Dulany Co., City Printers and Stationers.

Such schedule shall be delivered, (if ... name and occupation of the parents, and to each child, (if any shall have been born prior to the birth of the child to which the schedule relates,) the date and place of birth; and the schedule shall be delivered, duly signed by the practitioner in lieu of a certificate between the first and third day of each and every month to the office of the Commissioner of Health; and if any such birth shall occur without the attendance of a physician or practitioner of midwifery, or should the birth of any child attendance upon the mother, immediately thereafter, fail to become and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[illegible] sex, color, the full name and occupation of its parents, the date and place of birth; and the full name of each child, (if any shall have [illegible] said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69859

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 1

1. *Sex,* (*state whether male or female*) Female
2. *Race or Color,* (*if not of the white race*) Colored
3. *Date of Birth,* Nov. 24 – 93
4. *Place of Birth,* (*Street and Number*) 622 W. Lombard St
5. *Full Name of Mother,* Lillian Marshall
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Wm. G. Lacy

Address, 622 W. Lombard St

Remarks,

1895000007204

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69860

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov. 24 - 95
4. *Place of Birth, (Street and Number)* 677 W. Lombard St
5. *Full Name of Mother,* Annie Kruse
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes the Return. M. R. Bruin

Address, 677 W. Lombard St.

Remarks,

1895000 7205

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] sex, color, the full name and occupation of its parents, the date and place of birth; and the name of each child; if any shall have said schedule shall be delivered, duly signed by the proper person, in a prescribed form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, to be recorded in a register to be kept for the purpose; and shall cause to be delivered, without the attendance of a physician or practitioner of midwifery, or should in other respects the birth of any child attendance upon such other person or persons, or should in other respects the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should in other respects the birth of any child child to report its birth to the Commissioner of Health, in the manner prescribed in this section, shall become the duty of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69861

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Nov. 27 - 95
4. *Place of Birth, (Street and Number)* 409 Vincent Alley
5. *Full Name of Mother,* Mary Brown
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, D. M. R. Bruin

Address, 632 W. Lombard St

Remarks,

8950007206

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69862

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* W Refl
3. *Date of Birth,* Nov. 23-95
4. *Place of Birth, (Street and Number)* 622 W. Lombard St
5. *Full Name of Mother,* Mary Smith
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant or other person who makes this Return, Jno. J. Dick

Address 622 W. Lombard St

Remarks,

1 8 9 5 0 0 0 7 2 0 7

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the Commissioner of Health, in the manner and within the period hereinafter prescribed, and every such person who shall neglect or refuse to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69863

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 26 93
4. Place of Birth, (Street and Number) 622 W. Lombard St
5. Full Name of Mother, Mary Sweeney
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. M. R. Brin

Address, 622 W. Lombard St

Remarks,

1 8 9 5 0 0 0 7 2 0 8

Wm. J. C. Delany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69864

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Nov 1st 1895
4. *Place of Birth, (Street and Number)* Md Lying-in Hosp Linden Ave
5. *Full Name of Mother,* Lizzie Wallis
6. *Mother's Maiden Name,* Lizzie Wallis
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* unknown
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. Fortetown H B M D

Address, Maryland Gen'l Hospital

Remarks,

4 4 5 0 0 0 7 2 0 9

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each, be delivered, duly signed by the practitioner in the form of a certificate between the first and tenth day of each and every month to the office of the Commissioner of Health; and the person or persons who shall have attended upon the mother, immediately after the birth of any child, shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69865

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Mail
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 2 6
4. *Place of Birth, (Street and Number)* 2 Better Court
5. *Full Name of Mother,* Mary Lewell
6. *Mother's Maiden Name,* [illegible]
7. *Mother's Birthplace,* [illegible]
8. *Full Name of Father,* [illegible]
9. *Father's Occupation* [illegible]
10. *Father's Birthplace,* [illegible]

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address, 419 [illegible] street

Remarks, [illegible] Dongan

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Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69 866

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 1st 1895
4. Place of Birth, (Street and Number) 109 N. Meadows Street
5. Full Name of Mother, Barty Barker
6. Mother's Maiden Name, Barty Beyer
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, James Barker
9. Father's Occupation, Baker
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mary Engelhart

Address, 1726 Eastern Ave Balto Md.

Remarks,

6 V 5 0 0 0 7 2 1 1

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be delivered, duly signed by the practitioner in attendance or the parents, the date and place of birth; and the [illegible] day of each and every month, to the office of the Commissioner of Health, a certificate between the first and [illegible] shall have shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child, or the person in charge of such child, to notify the Commissioner of Health, within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 10-30-51

RETURN OF A BIRTH. 69867

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Florence Estelle Driscoll

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) with
3. Date of Birth, 1 November 1895
4. Place of Birth, (Street and Number) 127 N. Wolf Str
5. Full Name of Mother, Mary K. Driscoll
6. Mother's Maiden Name, Mary K. Winkam
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James T. Driscoll
9. Father's Occupation Driver
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs H. Kirn Midwife

Address, 1922 E. Fayette Str

Remarks,

8950007212

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] name and occupation of his parents, the date and place of any marriage of the parents, and such other information as may be required by the Commissioner of Health, and the attendance upon the mother of a physician or midwife, or, in case no other person be in attendance upon the mother, the person who shall become the duty of the person in charge of such place to report its birth to the Commissioner of Health, in the manner and within the period above prescribed, and only to report its birth to the Commissioner of Health, in the manner and within the period above prescribed, and only to report its birth to the Commissioner of Health, in the manner and within the period above prescribed, and any such person or persons who shall have neglected or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69 868

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth.* Nov. 1 27 1895.
4. *Place of Birth. (Street and Number)* 46. Wilkins ave Beachwood
5. *Full Name of Mother,* Hanna Houck
6. *Mother's Maiden Name,* Hanna Ettinger
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Michel Houck
9. *Father's Occupation* Farmer
10. *Father's Birthplace,* Baltimore County

Name of Medical Attendant, or other person who makes this Return, Mrs. M. C. Pregey

Address. 2225 E. Lanark st

Remarks, Balto

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Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the attendant or parents, to the registrar of the district, within the first five days after the birth of each child, if any shall have been born within such district, and every month to the office of the Commissioner of Health, the date and place of birth and the sex of each child, the full name and occupation of its parents, the date and place of birth and the attendance upon the birth, immediately after the birth, of a physician or practioner of midwifery, or, in default of such attendance upon the birth, immediately after the birth, of any other person, to be known as the person who shall hereafter fail to comply with the requirements of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69869

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Nov. 1895
4. *Place of Birth, (Street and Number)* 1228 N. Washington St.
5. *Full Name of Mother,* Carrie Miller
6. *Mother's Maiden Name,* Baer
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Miller
9. *Father's Occupation* Printer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this return, Mary Stein

Address, 1427 E. Pratt St.

Remarks,

1 8 9 5 0 0 0 7 2 1 4

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69 870

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Nov 1 '95
4. Place of Birth, (Street and Number) 1529 E. Monument St.
5. Full Name of Mother, Lizzie Russig
6. Mother's Maiden Name, " Easton
7. Mother's Birthplace, Balto Md.
8. Full Name of Father. John Russig
9. Father's Occupation Cigar Maker
10. Father's Birthplace, Balto Md.

Name of Medical Attendant, or other person who makes this Return, Carolina Muller

Address, 1605 Walker St.

Remarks,

Said schedule shall be delivered, duly signed, at the office of the Commissioner of Health; and the said schedule shall be signed by the physician or practitioner in the form of a certificate between the birth of any child shall occur without the attendance of a physician or practitioner, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above recited; and if any such person or persons shall neglect or refuse to comply with the provisions of this section, he or they shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 3-17-57

RETURN OF A BIRTH. 69871

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Laura Cornelia Meister

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 1st November 1895
4. Place of Birth, (Street and Number) 930 Hanover St
5. Full Name of Mother, Lavina Meister
6. Mother's Maiden Name, Haas
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frederick Meister
9. Father's Occupation Clothing Cutter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Elizabeth Jewell

Address, 436 E Fort Ave

Remarks,

1895000007216

[illegible] each child, (if any shall have [illegible] the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69872

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether ~~1st~~, 2d, ~~3d~~, ~~&c.~~) 2 nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Nov 27 1895
4. Place of Birth, (Street and Number) 304 N Pine St
5. Full Name of Mother, Ellen E. Christmas
6. Mother's Maiden Name, Ellen E. White
7. Mother's Birthplace, Balto City
8. Full Name of Father, Oscar D. Christmas
9. Father's Occupation, Waiter
10. Father's Birthplace, North Carolina

Name of Medical Attendant, or other person who makes this Return, D. O. Crockett M.D.

Address, 421 N Pine St

Remarks,

8 7 5 0 0 0 7 2 1 7

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and tenth days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or nurse of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of fifty (50) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69873

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1st, 2d, 3d, &c.) 3rd

1. *Sex*, (*state whether male or female*) Female.
2. *Race or Color*, (*if not of the white race*)
3. *Date of Birth*, Nov. 1st/1895.
4. *Place of Birth*, (*Street and Number*) 209. W. Conway St.
5. *Full Name of Mother*, Ida. M. Kratchzman
6. *Mother's Maiden Name*, " " Rehbein.
7. *Mother's Birthplace*, Balto. City "
8. *Full Name of Father*, Gustav R. Kratchzman.
9. *Father's Occupation* Machinist
10. *Father's Birthplace*, Germany.

Name of Medical Attendant, or other person who makes this Return, R. J. H. Tall. M.D.

Address, 524 Sharp St.

Remarks,

18950007218

care during the
can be ascertained the full name of each child, (if any shall have
been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69874

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov. 6/95
4. *Place of Birth, (Street and Number)* 733 S. Montford Ave.
5. *Full Name of Mother,* Mamie Schreiber
6. *Mother's Maiden Name,* " Kaesser
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Christian Schreiber
9. *Father's Occupation* Fireman
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2215 Gough Ste.

Remarks,

8 9 5 0 0 0 7 2 1 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69875

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov. 1st 1895
4. *Place of Birth, (Street and Number)* 869 W. Lombard St
5. *Full Name of Mother,* Sarah Hartlove
6. *Mother's Maiden Name,* Walker
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Wm Edw Hartlove
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, E. C. Garee M. D.

Address, 830 Columbia Ave

Remarks,

1 6 7 5 0 0 0 7 2 0

said schedule shall be delivered, duly signed by the practitioner in person, the date and place of birth; and the sex, color, the full name and occupation of its parent, the date and place of birth; and the full name of each child, (if any shall have shall occur within the preceding month) to the office of the Commissioner of Health. If any person other than said practitioner shall be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner in which the report is required to be made by said practitioner; and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69876

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* November first
4. *Place of Birth, (Street and Number)* 1717 Etting str Baltimore Md.
5. *Full Name of Mother,* Julia Matthews
6. *Mother's Maiden Name,* Julia Hawkins
7. *Mother's Birthplace,* Carroll Co, Md.
8. *Full Name of Father,* James Matthews
9. *Father's Occupation* Hacking
10. *Father's Birthplace,* Harford Co, Md.

Name of Medical Attendant, or other person who makes this Return, Mary Jane Fossett

Address, 563 Dolphin str

Remarks,

8950007221

Wm. J. C. Dulany Co., City Printers and Stationers.

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RETURN OF A BIRTH. 69877

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth,* November 1
4. *Place of Birth, (Street and Number)* 209 Parrish alley
5. *Full Name of Mother,* Ernestyoung Franklin
6. *Mother's Maiden Name,* Ernestyoung
7. *Mother's Birthplace,* Madison County Va
8. *Full Name of Father,* John A. Franklin
9. *Father's Occupation* Labor. doctor
10. *Father's Birthplace,* Berlin Md Worster Co

Name of Medical Attendant, or other person who makes this Return, Mrs Jane Jones

Address, 209 Parrish alley

Remarks,

1 8 9 5 0 0 0 7 2 2 2

Wm. J. C. Dulany Co., City Printers and Stationers.

ject convicted) its sex, color, the date, name (if any) and the full name of each child, (if any shall have been born before) the place and date of its birth, and the full name and occupation of its parents, the petitioner in the form of a certificate, verified by the oath of the first and attendance of a physician or midwife, shall be sufficient evidence to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the father, or other person having the care of such child to report its birth to the Commissioner of Health, in the manner and within the period above prescribed, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69878

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth.* November 4 1890
4. *Place of Birth, (Street and Number)* 1831 Barclay St
5. *Full Name of Mother,* Catherine O'Meara
6. *Mother's Maiden Name.* Deal
7. *Mother's Birthplace.* Ireland
8. *Full Name of Father,* Michael O'Meara
9. *Father's Occupation* Stone-cutter
10. *Father's Birthplace.* Ireland

Name of Medical Attendant, or other person who makes this Return. J. F. Powell M.D.

Address. 105 E. Lexington St

Remarks,

1 8 9 5 0 0 0 7 2 2 3

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been conferred) its sex, color, the full name of its father and mother, and the place of its birth, or at his or her care during the same can be ascertained; the full name of the attendant, the place of each child (if any shall have been born dead) and the occupation of its parents, the date of each child (if any shall have been born dead) and the place of birth; and the said schedule shall be delivered, duly signed by the attendant, to the Commissioner in the form of a certificate, between the first and third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, it shall become the duty of the person or parents of such child to report a birth to the Commissioner of Health, in the same manner and within the period above required, and any such person or parents who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

been conferred, it is not as the same can be ascertained, have occurred under his or her care during the month next preceding, a return of the birth of each child, the full name of each child, if any, and the sex, color, the full name and occupation of the parents, the date and place of birth, and the date of the delivered, duly signed by the practitioner in attendance, or, in case of a birth without a practitioner, the said child, if any, and the third day of each month to the office of the Commissioner of Health, a certificate between the first and shall occur without the attendance of a physician or practitioner, or should no other person fail to make the certificate of birth of any child within twenty days after the birth, the duty of the person or parents of such child shall devolve upon the mother, immediately thereafter, to make and file the required above required, and any such person or parents or mother shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69879

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 1st
4. Place of Birth, (Street and Number) Bond 602
5. Full Name of Mother Katie Vicozki
6. Mother's Maiden Name, " Kilocke
7. Mother's Birthplace, Poland
8. Full Name of Father, Mike Vicozki
9. Father's Occupation Laborer
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Mary Thozki

Address, 602 L. S. Bond St.

Remarks.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69980

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 1 November
4. Place of Birth, (Street and Number) Wolf str. 613
5. Full Name of Mother, Teresa Wajt
6. Mother's Maiden Name, Ruszkowska
7. Mother's Birthplace, Pole
8. Full Name of Father, Joseph Wajt
9. Father's Occupation Tailor
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return.

Address, S. Bond St. 838

Remarks, Mary Pritt

1895 0007225

Wm. C. Dulany Co., City Printers and Stationers.

Sworn, and all set forth as far as the same can be ascertained, is the truth, so help me God. Every midwife, or other person, who shall have been conferred) his sex, color, the full name and occupation of the parents, the date and place of birth, and the full name of each child, (if any shall have been born) to the physician or practitioner in the form of a certificate between the hours of 9 and 10 A.M. of the third day of each and every month, immediately thereafter, in the manner and within the period prescribed in said schedule shall be delivered duly to the office of the Commissioner of Health, or should no other person be in attendance of a physician or practitioner, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period prescribed in said schedule upon the mother, immediately thereafter, in the manner and within the period prescribed in said section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 64 881

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov. 2, 1895,
4. *Place of Birth, (Street and Number)* 894 W. Balto. St
5. *Full Name of Mother,* Cordelia Beach
6. *Mother's Maiden Name,* Cordelia Munnick
7. *Mother's Birthplace,* Balto. City
8. *Full Name of Father,* George Grant Beach
9. *Father's Occupation,* Lausfer Driver
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. G. H. Slater M.D.

Address, 1604 W. Fayette St

Remarks, 8950

month, and shall set forth as far as the same can be ascertained by the person required under this act to report the same, the number of children, if any, which have been born to the mother of such child, if any shall have been ascertained, the full name of such child, if any shall have been conferred, its sex, color, the day and place of its birth; and the full name and occupation of its parents, the date and place of birth; and the said address of such child, if any, and such other facts as may be required by the practitioner in the form of a certificate between the first and fifth days of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, Commissioner of Health, or should no other person be in attendance upon the mother, Commissioner of Health, to the manner and within the period above required, and shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report, or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense; to be recovered as other fines and forfeitures are recoverable.

GEO. A. G. GALLANT & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 69882

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Oct. 2. 1930 A. M.
4. Place of Birth, (Street and Number) 643 W. Fayette Street
5. Full Name of Mother, Elsie May McClelland
6. Mother's Maiden Name, Wilson
7. Mother's Birthplace, Woodberry - Frederick Co. Md.
8. Full Name of Father, Harry Homer Irwin McClelland
9. Father's Occupation, Blacksmith
10. Father's Birthplace, Johnsville - Frederick Co. Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Lanne for the

Address, Mother's Relief Society, 632 N. Fremont Ave.

Remarks,

6 9 5 0 0 6 7 2 2 7

Third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, then it shall be the duty of the person or persons who shall have charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence; to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69883

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* November 2, 1895.
4. *Place of Birth, (Street and Number)* 621 Roland ave.
5. *Full Name of Mother,* Helen A. Arnold.
6. *Mother's Maiden Name,* Cahill.
7. *Mother's Birthplace,* Md.
8. *Fult Name of Father,* John E. Arnold.
9. *Father's Occupation* Cabinet maker.
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return, Chas. A. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks,

1 8 9 5 0 0 0 7 2 2 8

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained, the full name of each child born under her care during the same month, the sex, color, the full name and occupation of its parents, the date and place of birth, and shall have the same delivered, duly signed by the practitioner in person, to the Commissioner of Health. In case no other person shall have shall occur without the attendance of a physician or midwifery, or should the birth of any child become the duty of the person or persons in charge of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, such alliance upon the mother, immediately thereafter, shall be the duty of such person or persons to report such birth. Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth in alphabetical order a list of the births which have occurred under his or her care during the month, and shall set forth in the same list the full name of each child, (if any, shall have been conferred), sex, color, parentage, occupation, residence, the date and place of birth, and the said schedule shall be delivered, duly signed by the physician or midwife, to the Commissioner of Health, at the first of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance who is a duly qualified person, then and in such case the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period of time required by any such person or persons who shall hereafter fail to comply with the provisions of this section shall be, and is hereby subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69884

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* white.
3. *Date of Birth,* November 2, 1896.
4. *Place of Birth, (Street and Number)* 3 Bonnicksen ave.
5. *Full Name of Mother,* Daisy Isabel Rigney.
6. *Mother's Maiden Name,* Kerr.
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* Charles Rigney.
9. *Father's Occupation* Driver.
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks, —

1 8 9 5 0 0 0 7 2 2 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69886

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 2 November 1895
4. *Place of Birth, (Street and Number)* 404 S. Wolf St
5. *Full Name of Mother,* Hilda Fetsburger
6. *Mother's Maiden Name,* Hilda Hebb
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* George Fetsburger
9. *Father's Occupation* Baker
10. *Father's Birthplace,* Baltimore MD

Name of Medical Attendant, or other person who makes this Return. Ellen Smith

Address, 504 S Washington St

Remarks,

1 8 9 5 0 0 0 7 2 3 0

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69887

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 11 be

1. *Sex,* (*state whether male or female*) female

2. *Race or Color.* (*if not of the white race*) White

3. *Date of Birth,* 2 November 1895

4. *Place of Birth,* (*Street and Number*) 326 Washington St

5. *Full Name of Mother,* Lese Jones

6. *Mother's Maiden Name,* Lese Danneho

7. *Mother's Birthplace,* Maseleuset

8. *Full Name of Father,* Ezra Jones

9. *Father's Occupation* Engineman

10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Ellen Smith

Address, 804 S. Washington St

Remarks,

8950007231

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69 PFT (over)

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name - CATHERINE SEIFERT
No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th
1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 2th 1895
4. *Place of Birth, (Street and Number)* No. 519 Wyeth St
5. *Full Name of Mother,* V. F. Seifert
6. *Mother's Maiden Name,* V. F. McTernan
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* W. Seifert
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore
Name of Medical Attendant, or other person who makes this Return, Mari Kestler
Address, No. 1005. W. Cross St
Remarks,

189500007232

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, sex, shall have been ascertained, its sex, color, the full name and occupation of its parents, the date and place of birth, and the third day of each month shall be delivered, duly signed by the practitioner in the form of a certificate between the first and shall occur without the attendance of a physician or midwife, the Commissioner of Health, in case the birth of any child attendance upon the mother, immediately thereafter it shall become the duty of the person or other person to be in charge, to report its birth to the Commissioner of Health. In the manner and within the period above required, and shall, upon receipt of such report, or information, or upon the neglect or refusal to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69889

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third Fourth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* November 2, 1895
4. *Place of Birth, (Street and Number)* 1621 E. North Avenue
5. *Full Name of Mother,* Annie Hamilton
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Chestertown, Maryland
8. *Full Name of Father,* James Hamilton
9. *Father's Occupation* Collector
10. *Father's Birthplace,* Kent County, Maryland

Name of Medical Attendant, or other person who makes this Return, R. F. Mortonet M.D.

Address, 1701 N. Carolina St.

Remarks,

8950007233

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69890

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 2nd of November 95
4. *Place of Birth, (Street and Number)* 1914 W. Pratt St.
5. *Full Name of Mother,* Auguste Johnson
6. *Mother's Maiden Name,* Auguste Kleinstein
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Rudolph Johnson
9. *Father's Occupation* Butcher
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Friederike Keuler Midwife

Address, 2116 W Pratt St.

Remarks,

1 8 9 5 0 0 0 7 2 3 4

month, and shall set forth in columns a list of the births which have occurred in his or her care during the month preceding; and shall set forth the same on the second day of each month thereafter; and shall have been entered in a full manner on the register of the Board of Health, the date of each birth, and shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance, then the mother, or in her absence, the person or persons in whose house such child shall be born, shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69891

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Nov. 2nd 1895
4. *Place of Birth, (Street and Number)* 2231 Division
5. *Full Name of Mother,* Clara Johnson
6. *Mother's Maiden Name,* " Young
7. *Mother's Birthplace,* Calvert Co. Md
8. *Full Name of Father,* John W. Johnson
9. *Father's Occupation* Wait Waiter
10. *Father's Birthplace,* Bethlehem Ky

Name of Medical Attendant, or other person who makes this Return, Sarah E. Dest

Address, 612 Collett

Remarks,

1895 0007235

month, and shall set forth in for ea the name can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in person, or left at the office of the Commissioner of Health, in certificate between the first and third day of each and every month to the office of the Commissioner of Health, or shall cause to be delivered, or shall cause to be delivered, duly signed by the nurse or midwife, or should no other person be in attendance upon the mother, then the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner aforesaid, in the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth the date of each birth, the sex and color of each child, the full name of each child, (if any shall have been conferred) its sex, color, the full name and surnames of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and the third day of each and every month to the office of the Commissioner of Health. In case the services of any midwife shall be required in attendance upon the mother, or in attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69892

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 2nd
4. *Place of Birth, (Street and Number)* 809 Fleurmont St Lanbert
5. *Full Name of Mother,* Edith Estell Gordon
6. *Mother's Maiden Name,* E... E... Bowden
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Edward Lockwood Gordon
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary J Perryman

Address, 2847 Lanvale St

Remarks, This Child Was Born With 2 Teeth

1 8 9 5 0 0 0 7 2 3 6

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH 69893

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Sex, (State whether male or female)* Male.
2. *Race or color, (if not of the white race)* White.
3. *Date of Birth,* Nov. 2. 1895.
4. *Place of Birth, (Street and Number)* 116 W. Lanvale St.
5. *Full Name of Mother,* Catharine B. Grimes
6. *Mother's Maiden Name,* " Brady.
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* Harry R. Grimes.
9. *Father's Occupation,* Clerk.
10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other person who makes this Return. Alfred Wainstale M.D.

Address, 921 Cathedral St. 8

Remarks,

1 8 9 5 0 0 0 7 2 3 7

JOHN J. O. DULANY & CO., CITY PRINTERS AND STATIONERS

Health, [illegible] accurate and full return of the birth within twenty-four hours after the birth, and shall set forth, as far as the same can be ascertained, the full name of each child born, the month, day of the month, year, sex, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or some other person who shall be required by this section to report the birth, the parent or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69894

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d child

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth,* Nov 2 1895
4. *Place of Birth, (Street and Number)* city 1316 Parsh st
5. *Full Name of Mother,* Lizzie Johns
6. *Mother's Maiden Name,* Lizzie Clary
7. *Mother's Birthplace,* Essex Co Va
8. *Full Name of Father,* Daniel Johns
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Essex Co Va

Name of Medical Attendant, or other person who makes this Return, Jane Warren

Address, 1416 Bruce st

Remarks,

8950007238

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been christened,) sex, color, the full name and occupation of its parents, the date of birth of each child, (if any shall have been born,) and the place of birth, and the full name and address of the attendant, or other person who shall have delivered such schedule shall be delivered, the full name and occupation of its parents, the date of birth of each child, and the third day of each and every month to the Commissioner in the form of a certificate herein, and the attendant or other person who shall neglect or refuse to deliver such schedule, or shall knowingly or negligently omit to report any such birth, or shall become the duty, or shall no other person be in attendance without the attendance of a physician or practitioner of medicine, the duty of the person or parents of such child to report the birth, immediately thereafter it shall become the duty of the person or parents of such child to report the birth, immediately thereafter it shall be the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69895

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ninth (9th)

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* November 2nd 1895

4. *Place of Birth, (Street and Number)* 1913 Frederick Ave

5. *Full Name of Mother,* Mattie McCubbin

6. *Mother's Maiden Name,* " Keller

7. *Mother's Birthplace,* Washington D.C.

8. *Full Name of Father,* Nicholas O. McCubbin

9. *Father's Occupation* Barber

10. *Father's Birthplace,* Washington D.C.

Name of Medical Attendant, or other person who makes this Return, Addison C. Fox M.D.

Address, 1205 W Fayette St

Remarks,

18950007239

[illegible] full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69896

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* November 2nd 95
4. *Place of Birth, (Street and Number)* 1036 Granby St.
5. *Full Name of Mother,* Mary Biron
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Michael Biron
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

1895007240

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, the date and place of birth, the full name and occupation of its parents, the date and place of birth; and the said account shall be verified by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. If more than one child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately on the birth of such child to report it to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

69897

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st,~~ 2d, ~~3d, &c.~~)

1. Sex, (~~state whether~~ male ~~or female~~) White

2. Race or Color, (if not of the white race) Nov 2 - 1895

3. Date of Birth, 703 Reservoir St

4. Place of Birth, (Street and Number) Nettie Skinner

5. Full Name of Mother, Nettie Howser

6. Mother's Maiden Name, Balt.

7. Mother's Birthplace, Maurice E. Skinner

8. Full Name of Father, Lawyer

9. Father's Occupation, Balt Balt

10. Father's Birthplace, W. S. Latimer

Name of Medical Attendant, or other person who makes this Return. 211 W. Monument

Address,

Remarks, Normal. No anaesthetic

695400087241

[illegible] he shall [illegible] a list of the [illegible] which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

[illegible] & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 69898

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) [illegible]

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 1895 November [illegible]
4. *Place of Birth, (Street and Number)* [illegible]
5. *Full Name of Mother,* [illegible] Mary Bett
6. *Mother's Maiden Name,* [illegible] Sullivan
7. *Mother's Birthplace,* [illegible]
8. *Full Name of Father,* [illegible] Bett
9. *Father's Occupation* Labourer
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Susan Hunter

Address, 23 N Poppleton St

Remarks,

1 8 9 5 0 0 0 7 2 4 2

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been born) its sex, color, the full name and occupation of its parents, the date and place of birth; and the third day of such birth shall be delivered, duly signed by the practitioner or person in charge, to the person who shall occur without the city limits of Baltimore, or to the office of the Commissioner of Health, certificate between the first and attendance upon the mother, immediately preceding the birth of any child, or should no other person be in attendance upon the mother, immediately following the birth, the person who shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69899

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 2 th 1895
4. Place of Birth, (Street and Number) No 11 Heath St
5. Full Name of Mother, Harriet E. Fahley
6. Mother's Maiden Name, Harriet E. Wootton
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Michael G. Fahley
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Catherine Hornung

Address, No 1517 Byrd St

Remarks,

1895008724 3

Wm. J. C. Dulany Co., City Printers and Stationers.

Form 2-B. [illegible] as nearly as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in case the child or any other child shall occur without the attendance of a practitioner or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall herein fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born alive, the sex and color, the place of birth, and the date of birth; and the form of a certificate between the first and said schedule shall be delivered, duly signed, by the Commissioner of Health. In case the birth of any child shall occur upon the mother, immediately thereafter it shall become and within the period above required, and in the presence of such person, who shall be required to report its birth to the Commissioner of Health, no other person or parents of such child to report its birth to the Commissioner of Health, or fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH. 69900

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 2nd 1895
4. Place of Birth, (Street and Number) 2118 McCulloch St
5. Full Name of Mother, Rose Reaves
6. Mother's Maiden Name, Rose Dean
7. Mother's Birthplace, Indianapolis
8. Full Name of Father, L. M. Reaves
9. Father's Occupation, Insurance Agt
10. Father's Birthplace, London Eng.

Name of Medical Attendant, or other person who makes this Return, J. R. Oehler M.D.

Address, 661 W. Fayette St

Remarks, Premature birth between six & seven months

8950007244

Wm J. C. Dulany Co., City Printers and Stationers.

month, and shall act forth as far as the same can be ascertained the full name of each child. If any child have been conferred its sex, color, the full name of the mother, the date of birth, place of birth and the name of the child, shall within ten days thereafter, deliver or cause to be delivered to the Registrar of Vitals, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or persons with such certificate to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69901

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ist Child 1.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Born 3 November 25
4. *Place of Birth, (Street and Number)* Thames st No 1636
5. *Full Name of Mother,* Anna Wegner
6. *Mother's Maiden Name,* Medhen
7. *Mother's Birthplace,* Poland
8. *Full Name of Father,* Caly Wegner
9. *Father's Occupation* Rodland
10. *Father's Birthplace,* Poland

Name of Medical Attendant, or other person who makes this Return, Agnes Stadolnes

Address, Thames st, No 1635

Remarks, Legal

1 8 9 5 0 0 0 7 2 4 5

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 69902

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* November 3th 95
4. *Place of Birth, (Street and Number)* 1315 Holbrook St
5. *Full Name of Mother,* Mary Ann Buckle
6. *Mother's Maiden Name,* Marie Ann Ward
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Thomas Buckle
9. *Father's Occupation* Brass finisher
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Lina Miller

Address, 1600 Holbrook St City

Remarks,

8950007246

Wm. J. C. Dulany Co., City Printers and Stationers.

Form 1. For the full, 50 cts. as for the same can be ascertained the full name of each child (if any) shall have been conferred; its sex, color, the full name and occupation of its parents, the date of birth and the place of birth and the number of the room in which it was born, the date of the certificate between the first and said schedule shall be delivered, duly signed by the physician or attendant, to the Commissioner of Health. In case the birth of any child shall occur without the presence of a physician or attendant, it shall become the duty of the person or persons who shall be in the room or place where such child is born, immediately thereafter, to make and deliver to the Commissioner of Health, within the period above required, and the third day of each and every month, to a physician or practioner of midwifery, or should no other person, be in attendance, to the mother, immediately thereafter, it shall become the duty of the person or persons who shall be in the room or place where such child is born, immediately thereafter, to make and deliver to the Commissioner of Health, within the period above required, and third day of each and every month, a written report of the birth of such child, in the form of a schedule, which shall be delivered, duly signed by the physician or attendant, to the Commissioner of Health, in case the birth of any such child in report its birth to the Commissioner of Health, in order to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69 903

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 4th 3 Boys

1. *Sex*, (*state whether male or female*) female
2. *Race or Color*, (*if not of the white race*) White
3. *Date of Birth*, November 3 1895
4. *Place of Birth*, (*Street and Number*) 115 Cedar avenue
5. *Full Name of Mother*, Anna K Erichson
6. *Mother's Maiden Name*, Corsfenson
7. *Mother's Birthplace*, Germany
8. *Full Name of Father*, Brodar Peter Erichson
9. *Father's Occupation* fireman
10. *Father's Birthplace*, Germany

Name of Medical Attendant, or other person who makes this Return, Dr Mitchel

Address, Mary a Martin

Remarks, I sent for the Doctor

1 8 9 5 0 0 0 7 2 4 7

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the date and place of its birth; and the name, age and occupation of its parents, the date and place of their marriage, and the number of children, if any, of the mother, and shall be signed by the practitioner in the form of a certificate herein prescribed; and said schedule shall be every month to the office of the Commissioner of Health, in the manner and within the period above prescribed, and shall be signed by the mother or father, or, if the mother or father be dead or absent, or if the child be illegitimate, or if the mother or father be incapacitated by sickness or other cause, or should no other person be in attendance upon the mother, immediately after the birth of any child, or should no other person be in attendance upon the mother, immediately after the birth of any child, the duty of the person or parents of such child to report its birth, or the duty of the person who shall become the duty of the person or parents of such child, or report its birth, or who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69903 1/2

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* November 3, 1895.
4. *Place of Birth, (Street and Number)* 315 Cedar ave.
5. *Full Name of Mother,* Anna Katharina Erickson.
6. *Mother's Maiden Name,* Carlsson.
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* Peter Peter Erickson.
9. *Father's Occupation* Stationary Engineman.
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks,

1 8 9 5 0 0 0 7 2 4 8

month, and shall set forth as far as the same can be ascertained, the full name of each child of any such mother, and shall be signed by the person who shall have been in attendance at the birth of such child, or in default thereof, the full name and occupation of its parents, the date and place of its birth, and the said schedule shall be delivered, duly signed, by the practitioner in the form of a certificate between the first and third day of such and every month to the Office of Vital Statistics, Board of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the person in charge of such child is hereby required to report the birth to the Commissioner of Health, in the manner and within the period above recited, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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month, and shall set forth, as far as the same can be ascertained, the full name of each child, if any shall have been born, and shall also set forth the name and residence of the parents, the place of birth, and the date of birth; said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, the parents, or the person or persons in charge of such child, or either of them, shall within the period above specified, report to the Commissioner of Health, in the manner and within the period above specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69904

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* november the 3 18-95
4. *Place of Birth, (Street and Number)* Pratt st No 1915
5. *Full Name of Mother,* Emeline R dark
6. *Mother's Maiden Name,* Emeline R miller
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles R dark
9. *Father's Occupation* Engineer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, mrs D Kelley

Address, No 1122 W Pratt st

Remarks,

1 8 9 5 0 0 0 7 2 4 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69905

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Nov 3rd 1895
4. *Place of Birth, (Street and Number)* No 2023 Jefferson Ste.
5. *Full Name of Mother,* Mary E. Van Ness
6. *Mother's Maiden Name,* Hillman
7. *Mother's Birthplace,* Balti
8. *Full Name of Father,* Wm Van Ness
9. *Father's Occupation* Painter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs L. Gross

Address, No 1917 E. Monument Ste.

Remarks,

1895U087258

Wm. J. C. Dulany Co., City Printers and Stationers.

Upon receipt of this blank, the person or persons who shall have charge of the child, shall cause the same to be filled out, and shall cause the same to be signed by the attendant, if any, or by the parent, or other person who shall have charge of the child, giving the sex, color, the full name and occupation of its parents, the date and place of birth, and the name conferred; the sex, color, the full name and occupation of its parents, the date and place of birth, and the name conferred; the sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, to the person who shall have charge of the child, within three days after the birth of such child, and every such person who shall have charge of the child, in case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in charge of the child, shall report its birth to the Commissioner of Health, in the manner and within the period above prescribed, and shall cause the same to be signed by the parent, or other person who shall have charge of such child, and every such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69906

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race)

3. Date of Birth, Nov 3rd / 95

4. Place of Birth, (Street and Number) No 2403 Monument Ste

5. Full Name of Mother, Laura Schwiegert

6. Mother's Maiden Name, Tiemann

7. Mother's Birthplace, Balti

8. Full Name of Father, John W. Schwiegert

9. Father's Occupation Barber

10. Father's Birthplace, Balti

Name of Medical Attendant, or other person who makes this Return. Mrs L. Cross

Address, No 1907 E Monument Ste

Remarks,

1 8 9 5 0 0 0 7 2 5 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69907

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* 3rd November.
4. *Place of Birth, (Street and Number)* 633 Hoyle St.
5. *Full Name of Mother,* E. D. Hamilton.
6. *Mother's Maiden Name,* E. D. Ellison.
7. *Mother's Birthplace,* Alexandria, Va.
8. *Full Name of Father,* J. E. Hamilton.
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return. A. M. Bischoff.

Address, 1137 Carroll St.

Remarks,

1 8 9 5 0 0 9 7 2 5 2

been conferred) its sex, color, the full name and occupation of its parents, the date and place of its birth, and the said schedule shall be delivered, duly signed by the attendant, in the form of a certificate, to the parents of such child, or within five days after the birth of such child, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, who is hereby authorized to require such person or parents, upon his or her refusal to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH, 69908

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th. child.

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 3rd. Nov. 1875.
4. *Place of Birth, (Street and Number)* 1019 Nth. Central Ave. Balto.
5. *Full Name of Mother* Christina Shuck Barringer.
6. *Mother's Maiden Name* Christina Shuck.
7. *Mother's Birthplace* Balto. County.
8. *Full Name of Father* John F. Barringer.
9. *Father's Occupation* Gardener.
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs. Kate Lanahan

Address 1049 Nth. Gay St.

Remarks Confined.

month, and shall set forth as far as the same can be ascertained the full name of each child of any, that has been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall be the duty of the person or persons having charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69909

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child Boy.

1. Sex, (state whether male or female) Not Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 3 November 1895.
4. Place of Birth, (Street and Number) Hoffman st 2017
5. Full Name of Mother, Eva Andres
6. Mother's Maiden Name, Eva Becker
7. Mother's Birthplace, Germany
8. Full Name of Father, Carl Andres
9. Father's Occupation Cutter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address, Marie Edwards

Remarks, 1625 Hopkins Ave

1 8 9 5 0 0 0 7 2 5 4

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69910

the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

ild of Mother, (state whether 1st, 2d, 3d, &c.) Eight Child

tate whether male or female) Male

r Color, (if not of the white race) White

of Birth, Born November 3th

of Birth, (Street and Number) 120 S Monroe St

Name of Mother, Maryrett E Winkler

r's Maiden Name, Maryrett E Zeigler

r's Birthplace, Baltimore Md

Name of Father, Charles H Winkler

r's Occupation Cooper

r's Birthplace, Carlisle Pa

of Medical Attendant, or other person who makes this Return, Mrs Ruth Cullen

ss, 1834 Lower St

rks,

1 8 9 5 0 0 0 7 2 5 5

Printers and Stationers.

RETURN OF A BIRTH. 69911

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) W.

3. Date of Birth, Nov. 5/95

4. Place of Birth, (Street and Number) 1 S. Covington av

5. Full Name of Mother, Mary Meuschein

6. Mother's Maiden Name, " Hoos

7. Mother's Birthplace, B. C.

8. Full Name of Father, John Meuschein

9. Father's Occupation, Tailor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Geo. L. Wilstin Jr.

Address, 6 N. Bdy

Remarks,

6950007256

Wm J. C. Dulany Co., City Printers and Stationers.

Form, and Effect set forth as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the Registrar of Vital Statistics, in case the birth of any child shall take place within the city of Baltimore, and if any such physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall wilfully neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69912

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored race
3. *Date of Birth,* Born Nov. 3rd, 1895
4. *Place of Birth, (Street and Number)* #236 N. Bethel St. Baltimore Md.
5. *Full Name of Mother,* Ida Bundy
6. *Mother's Maiden Name,* Ida Barlie
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* John M. Bundy
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Essex County, Va.

Name of Medical Attendant, or other person who makes this Return, Georgianna Brooks

Address, 1751 E. Mullikin St.

Remarks, No remarks.

1895 0007257

month, and shall set forth under oath the same, or be accepted, the full name of each child. (If any shall have been conferred) its sex, color, the full name and occupation of its parents, the date of each birth, and the place of birth; and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother than a midwife, it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 18-8-53

RETURN OF A BIRTH. 69913

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Helen Scott Payne

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 5th - 9th
4. Place of Birth, (Street and Number) 18 01 London Ave -
5. Full Name of Mother, Mary I. Payne
6. Mother's Maiden Name, Dougherty
7. Mother's Birthplace, Princess Ann - Somerset Co Md
8. Full Name of Father, S. Scott Payne
9. Father's Occupation, Merchant
10. Father's Birthplace, Cambridge Md

Name of Medical Attendant, or other person who makes this Return, Geo N Powell M D

Address, 805 Park - Ave

Remarks, Instrumental Labor

1 8 9 5 0 0 0 7 2 5 8

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the name by which such child is to be known, and deliver to the Registrar, in the form of a certificate between the first and said schedule shall be delivered, or shall be transmitted by the mail, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the person in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

Order

RETURN OF A BIRTH. 69 914

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) .....

1. *Sex, (state whether male or female)* ... Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* November 3, 1895
4. *Place of Birth, (Street and Number)* 2017 E Hoffman St
5. *Full Name of Mother* Ida M (Enders) Endres
6. *Mother's Maiden Name.* " " Pechman
7. *Mother's Birthplace.* Baltimore
8. *Full Name of Father* John J. (Enders) Endres
9. *Father's Occupation* Clerk Carter
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, ~~or other person who makes this Return,~~ Geo. L. Taylor M.D.

Address. 1254 N. Broadway

Remarks. Full name of child - Harry J. Endres

1895 U 6 0 7 2 5 9

Wm. J. C. Dulany Co., City Printers and Stationers.

been convicted in sex, color, the full name and occupation of its parents, the date and place of birth and the name of the child, if any, shall be delivered, duly signed by the practitioner, midwife or other person, to the person from whom he or she shall receive the fee for so certifying between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, the duty of making such return shall devolve upon the parent or guardian of such child, or upon the person who shall hereafter fill the place of such parent or guardian, and such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the medical attendant shall be delivered, duly signed by the attendant, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or the person or parents of such child do not report the birth to the Commissioner of Health within twelve and within the period above required, and any such person or persons who shall be under duty to comply with the provisions of this section shall be and are hereby subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69915

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* November 3rd 1895
4. *Place of Birth, (Street and Number)* 671 W. Lexington St
5. *Full Name of Mother,* Anna Kirk Adams
6. *Mother's Maiden Name,* Anna K. Menzinius
7. *Mother's Birthplace,* Philadelphia
8. *Full Name of Father,* Frank W. Adams
9. *Father's Occupation* Upholsterer
10. *Father's Birthplace,* England

Name of Medical Attendant, or other person who makes this Return, D. J. Kleinhart M.D.

Address, 900 Madison Ave

Remarks,

8950 0 7 2 6 0

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69916

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov. 4th 1895
4. *Place of Birth, (Street and Number)* 6 S Pulaski st.
5. *Full Name of Mother,* Mrs. Mamie Merritt
6. *Mother's Maiden Name,* Hughes
7. *Mother's Birthplace,* N. Y. City
8. *Full Name of Father,* George Merritt
9. *Father's Occupation* Salesman
10. *Father's Birthplace,* N. Y. City

Name of Medical Attendant, or other person who makes this Return, M H Carter M.D.

Address, 1806 W Fallo St.

Remarks,

1 8 9 5 0 0 0 7 2 6 1

Wm. J. C. Dulany Co., City Printers and Stationers.

Upon receipt of this Return, as aforesaid, the Registrar shall cause the same to be entered in a book to be kept for that purpose, and shall issue a certificate of the birth, which certificate shall be signed by the Registrar, and countersigned by the Commissioner of Health, in the form following, to wit: "This is to certify that on the day of the birth of a child to the mother whose name is hereunto subscribed, there was born a child, whose name, if any, is hereunto subscribed, and that the sex of said child is as hereunto subscribed, and that the name of said mother is as hereunto subscribed, and that the said child was born at the place hereunto subscribed, and that the said mother is the person who is the mother of said child, and that the said child is the same child whose birth is recorded in the Registrar's Office, as appears from the Return of the Registrar, which is on file in the Office of the Commissioner of Health." In case any such certificate shall be lost or destroyed, a duplicate thereof may be issued upon the application of any person who shall have been a party in interest to the original certificate, upon the payment of the fee hereinafter provided for the same. The Registrar shall receive from the parents, the date and place of birth; and the name conferred upon the child, if any; the full name and occupation of the parents, the date and place of birth; and the maiden name of the mother, and shall cause the same to be entered in a book to be kept for that purpose, and shall issue a certificate of birth, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in the form prescribed by law, and shall cause without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report the same to the Registrar, under the penalties and forfeitures provided by law, and the Registrar shall issue any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69917

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov. 6/95
4. *Place of Birth, (Street and Number)* 321 Sheldon Av Roland Pk
5. *Full Name of Mother,* Minnie Smith
6. *Mother's Maiden Name,* Minnie Fifferger
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Wm F. Smith
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, A.C. Pohl

Address, 2038 Madison Av

Remarks,

1 0 9 5 0 0 0 7 2 6 2

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month of a physician or practitioner of midwifery, or should no other person, such attendant or person, who shall be required to make such return, and within the period above required, and any such person or persons, who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69918

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	7 Child
1. *Sex, (state whether male or female)*	Female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	4 November 1895.
4. *Place of Birth, (Street and Number)*	E Fort Ave No 1402.
5. *Full Name of Mother,*	Lizie Ray.
6. *Mother's Maiden Name,*	" Benson
7. *Mother's Birthplace,*	Baltimore.
8. *Full Name of Father,*	John Franklin Ray
9. *Father's Occupation*	Sober.
10. *Father's Birthplace,*	Baltimore.
Name of Medical Attendant, or other person who makes this Return,	Lizzie Schaeffler
Address,	E Fort Ave No 1408
Remarks,	

1895 0 0 7 2 8 3

Wm. J. C. Dulany Co., City Printers and Stationers.

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and tenth day of each and every month, to the office of the Commissioner of Health, in case the birth of any child shall occur without the aid of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and report the birth to the Commissioner of Health, in the manner and within the provisions of this section shall be a child to report the birth, shall be deemed guilty of a misdemeanor, and upon conviction thereof, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69919

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, November 4th 1895
4. Place of Birth, (Street and Number) 306 L Bethel Street
5. Full Name of Mother, Helen Frisby
6. Mother's Maiden Name, Helen Cole
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Steven Frisby
9. Father's Occupation, Laboring
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mary Engelhart

Address, 172.6 Eastern Balto Md

Remarks,

1 8 9 5 0 0 0 7 2 6 4

Wm J C. Dulany Co., City Printers and Stationers.

ion contained in sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the petitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case the child of any such person shall occur without the attendance of a physician, or midwife, or should no other person be in attendance upon the mother, the said schedule shall become the duty of the person or parents of such child to report in like manner to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

been conferred) its sex, color the full name and occupation of its parents, the date and place of birth, and the name under which it is delivered, duly signed by the practitioner in the form of a certificate herein set forth, and said return of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, the person who shall have charge of such house or premises of such child to report it, in the manner and within the time prescribed in this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69920

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.

1. Sex, (state whether male or female) female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 4 1895.
4. Place of Birth, (Street and Number) 5 Brunswick St.
5. Full Name of Mother, Inggie Steinecker
6. Mother's Maiden Name Inggie Sonne
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Edward W Steinecker
9. Father's Occupation Fireman
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, J B Mullins M.D.

Address, Lakewood Augusta Ave

Remarks,

1 8 9 5 0 0 0 7 2 6 5

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69921

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 4 1885
4. *Place of Birth, (Street and Number)* 22 S Washington
5. *Full Name of Mother,* Minnie M Hopkins
6. *Mother's Maiden Name,* " " Messick
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Ware Hopkins
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return. J T Speckman M.D.

Address, 14 N Patterson Park Ave

Remarks,

1 8 9 5 0 0 0 7 2 6 6

1886, J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 69922

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color. (if not of the white race) White
3. Date of Birth, Twenty-first
4. Place of Birth. (Street and Number) 1008 Hillman St.
5. Full Name of Mother, Sarah E. Howe
6. Mother's Maiden Name, Mahony
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Thomas Howe
9. Father's Occupation Laborer
10. Father's Birthplace, Australia

Name of Medical Attendant, or other person who makes this Return. J. H. Cornell M.D.

Address, 1001 Hillman St.

Remarks,

8 9 5 0 0 0 7 2 6 7

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69923

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* November 4th 1895
4. *Place of Birth, (Street and Number)* No 1604 Marshall ave
5. *Full Name of Mother,* Lizzie Steitz
6. *Mother's Maiden Name,* Lizzie Carselman
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Anton Steitz
9. *Father's Occupation* Salesman
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this return, Catherine Hornung

Address, No 1517 Byrd St

Remarks,

1-895-0087238

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the Physician or Midwife, or in case of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the presence of a physician or practioner of midwifery, or should no other person be in attendance within the prescribed period, the mother, immediately thereafter, it shall become the duty of any person or persons who shall have been in attendance upon the mother, immediately thereafter, to make the return within the period above required, and any such person or persons who shall have or shall have been in attendance upon the mother, immediately thereafter, and fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69924

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4d.

1. Sex, (state whether male or female) Girl

2. Race or Color, (if not of the white race) with

3. Date of Birth, 4 November 1895

4. Place of Birth, (Street and Number) 1904 Fairmont Ave

5. Full Name of Mother, Ella Stock

6. Mother's Maiden Name, — — Schandell

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Gottfried Stock

9. Father's Occupation Tinner

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs H. Koon Midwife

Address, 1923 E. Fayette Sto

Remarks,

18950 07269

Wm. J. C. Dulany Co., City Printers and Stationers.

Each child born in this city, and the sex, color, the full name and occupation of its parents, the date and place of birth, and the number of children to each mother, shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in the manner and within the period above recited, and shall occur without the attendance of a physician or practitioner, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above recited, and in the absence of such attendance, the mother shall be the person who shall be required to report the birth of her child, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be guilty of a misdemeanor, and shall be liable to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69925

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth

1. *Sex, (state whether male or female)* Black
2. *Race or Color, (if not of the white race)* Male
3. *Date of Birth,* November 2 th
4. *Place of Birth, (Street and Number)* 717 Dashiell Street
5. *Full Name of Mother,* Jennie Johnson
6. *Mother's Maiden Name,* " Stepney
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Daniel Johnson
9. *Father's Occupation* Oyster Shucker
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, Geo W Robbins M D

Address, The Johns Hopkins Hospital

Remarks,

189507270

Wm. J. C. Dulany Co., City Printers and Stationers.

ken on the roll its sex, color, the full name and occupation of its parents, the date and place of birth, and have said schedule shall be delivered, duly signed by the practitioner in charge, to the person or persons who shall have third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the presence of a physician or practitioner of midwifery, or should no other person be in attendance, it shall be the duty of the mother, immediately thereafter, to make and sign the schedule, and cause the same to be delivered to the Commissioner of Health, in the manner and within the time specified; and any such person or persons who shall have neglected or failed to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69926

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* 4 November 1895
4. *Place of Birth, (Street and Number)* 1099 Durham St
5. *Full Name of Mother,* Lelia Hutton
6. *Mother's Maiden Name,* Letty Harris
7. *Mother's Birthplace,* Saint Marys Co Md
8. *Full Name of Father,* Thomas E Hutton
9. *Father's Occupation* Drayman
10. *Father's Birthplace,* Md Co Md

Name of Medical Attendant, or other person who makes this Return, Luise Tratora

Address, 1010 Durham st

Remarks,

1 8 9 5 0 0 0 7 2 7 1

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the name, if any, given to the child by its parents, in the form of a certificate to be written between the first and third day of each month, and signed by the practitioner of midwifery, or other person in attendance, said certificate shall be delivered daily to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, the person who shall become the first, or other person or person be in any such report to the Commissioner of Health, shall within the period above required, and subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69927

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) W Lite
3. Date of Birth, Nov 4 — 95
4. Place of Birth, (Street and Number) 1413 Central Ave
5. Full Name of Mother, Idanetta Sheridan Mason
6. Mother's Maiden Name, "
7. Mother's Birthplace, Virginia
8. Full Name of Father, Lane M Sheridan
9. Father's Occupation Wire Worker
10. Father's Birthplace, Balto Co Md

Name of Medical Attendant, or other person who makes this Return, R H Rankin M D

Address, 811 Jefferson Ave W Waverly

Remarks,

1 8 9 5 0 0 0 7 2 7 2

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69928

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 4th Nov.
4. *Place of Birth, (Street and Number)* No. 1219 Columbia Ave.
5. *Full Name of Mother,* Maria Dreier
6. *Mother's Maiden Name,* Frank
7. *Mother's Birthplace.* Germany
8. *Full Name of Father.* Michael Dreier
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs A. M. Biedeff

Address, No. 1137 Carroll St.

Remarks.

L 6 9 5 0 C 0 7 2 7 3

In consideration of the foregoing, the name and occupation of the parents, the date and place of birth; and the sex of the child shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately preceding the birth, the person or persons required to make the return to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69929

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex, (state whether male or female) male.
2. Race or Color, (if not of the white race)
3. Date of Birth, 4th November 1895.
4. Place of Birth, (Street and Number) 1225 Hare street.
5. Full Name of Mother, Mari Zacharowski.
6. Mother's Maiden Name, — Goletski.
7. Mother's Birthplace, Germany
8. Full Name of Father, Andi Zacharowski.
9. Father's Occupation Labor.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return, Mrs P. Liesemann.

Address, 1208 Hare street.

Remarks,

1 8 9 5 0 0 7 2 7 4

Wm. J. C. Dulany Co., City Printers and Stationers.

...sex, color, the surname and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed, by the attendant or other person who shall make the return in the form of a certificate between the first and third day of each and every month, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or other person, the shall become and within the period above required, and shall deliver to the Commissioner of Health, in the manner upon the mother, immediately thereafter, a schedule containing the particulars required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

69930

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) one

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)* Colord

3. *Date of Birth,* november the 4 1895

4. *Place of Birth, (Street and Number)* Parish ally 901 Baltimore mD

5. *Full Name of Mother,* louise garnett

6. *Mother's Maiden Name,* louise norman

7. *Mother's Birthplace,* alexandria

8. *Full Name of Father,* David garnett

9. *Father's Occupation,* Watering

10. *Father's Birthplace,* Washington

Name of Medical Attendant, or other person who makes this Return. nor

Address. mary Birnes Oxford st 524.

Remarks, 1895000 7275

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 69931

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* November 4 1895
4. *Place of Birth, (Street and Number)* 240 Harrison st.
5. *Full Name of Mother,* Getta Rubin
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Heyman Rubin
9. *Father's Occupation* Tailor
10. *Father's Birthplace.* Europe

Name of Medical Attendant, or other person who makes this Return. Mrs. C. Bernstein

Address, 132 S. Exeter st.

Remarks,

1 8 9 5 0 0 0 7 2 7 6

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the registrar of vital statistics, or to any other officer or person to whom the said registrar may direct, and shall be so delivered by the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69932

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* November 4th 1895
4. *Place of Birth, (Street and Number)* 1142 Cookie St
5. *Full Name of Mother,* Bridget Burke
6. *Mother's Maiden Name,* Bridget Kelly
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Richard Burke
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return. Geo E Hill

Address, No 1619 Cuba St

Remarks,

1895 0007277

Wm J. C. Dulany Co., City Printers and Stationers.

[illegible] name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and thirtieth day of each and every month to the office of the Commissioner of Health. In cases where any child shall die without the attendance of a physician or practitioner of medicine, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69933

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. *Sex, (state whether male or female)* male.
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 5th November 1895.
4. *Place of Birth, (Street and Number)* 1230 Hare Street
5. *Full Name of Mother,* Elizabeth Sigel.
6. *Mother's Maiden Name,* — Bemar.
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* Frank Sigel
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. P. Fuesemann

Address, 1208 Hare. Street

Remarks,

1895 0007278

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] name and occupation of its parents, the date and place of birth, and the sex, color, [illegible] be delivered, duly signed by the practitioner in charge, or certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case there be no such attendant, or other person who shall have charge of such child to report its birth to the Commissioner of Health, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period before required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69934

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) III d.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Nov 5. (6. 15 A. M.)
4. Place of Birth, (Street and Number) 232. N. Fremont Ave.
5. Full Name of Mother, Margaretha Therese
6. Mother's Maiden Name, Blaise
7. Mother's Birthplace, New York - N. Y.
8. Full Name of Father, Carl Ingelbert
9. Father's Occupation, Brewmeister
10. Father's Birthplace, Bain a. Rhein - Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Kaine

Address, 632. N. Fremont Ave.

Remarks,

+ 8 9 5 0 0 0 7 2 7 9

Wm J C. Dulany Co., City Printers and Stationers.

Birth must not be registered without the attendance of a physician or practitioner of midwifery or should no other person be in attendance shall be the duty of the person or persons in charge of such house or place where the birth occurs, or the parents of such child to report its birth to the Commissioner of Health, in the manner and within the time specified, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the name, residence and occupation of the attendant or practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In cases where the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should the other person who shall make the return of the birth of any child child to report its birth to the Commissioner of Health, then and in such case it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, who shall within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69935

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male* ~~or female~~
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Nov 5/95
4. *Place of Birth, (Street and Number)* 725 W. German st
5. *Full Name of Mother,* Louisa Reitze
6. *Mother's Maiden Name,* Louisa Thais
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Justus Henry Reitze
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Cassel Germany

Name of Medical Attendant, or other person who makes this Return, Katie Mink

Address, 500 Lexington street

Remarks,

1 8 9 5 0 0 0 7 2 8 0

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69936

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 5th 195
4. *Place of Birth, (Street and Number)* 1[illegible] N Gay St
5. *Full Name of Mother,* Annie [illegible]
6. *Mother's Maiden Name,* [illegible] Blue
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John [illegible]
9. *Father's Occupation* [illegible]
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, 1600 [illegible] St

Remarks,

1895 00 0 3 2 8 1

Wm. J. C. Dulany Co., City Printers and Stationers.

...ken concerning its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the attending physician or other person, to the person making the return of such birth, and shall be by the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period prescribed, and any person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH

69937

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Margaret Mary Brady

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex, (State whether male or female) Female.
2. Race or color, (if not of the white race) White.
3. Date of Birth, Nov. 5. 1895.
4. Place of Birth, (Street and Number) 1214 Homewood Ave.
5. Full Name of Mother, Elizabeth Brady
6. Mother's Maiden Name, Fraisie.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frank F. Brady
9. Father's Occupation, Builder
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return. Alfred Wanstall

Address, 921 Cathedral St.

Remarks, OVER PAGE ADDED 3-31-53

1 8 9 5 0 0 0 7 2 8 2

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the five and third days of each month to the office of the Commissioner of Health. In case the office of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and upon the mother immediately thereafter, and the Commissioner of Health shall have the right to require such attendance upon the mother, immediately thereafter, and shall hereafter fail to comply with the provisions of this section or refuse to say such information as may be required by the Commissioner of Health, in such case shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A. G. BULLARY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 69938

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. Sex, (state whether male or female) Male Child
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Nov 5th
4. Place of Birth, (Street and Number) Baltimore Tyson St No 640
5. Full Name of Mother, Alverta Butler
6. Mother's Maiden Name, Alverta Innes
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George R. Butler
9. Father's Occupation. Private Waiter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Fannie Myers

Address,

Remarks,

1 8 9 5 0 0 0 7 2 8 3

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 69939

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 5th 1895
4. *Place of Birth, (Street and Number)* 135 W Clement St Baltimore Md
5. *Full Name of Mother,* Minnie Miller
6. *Mother's Maiden Name,* Hesselman
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* William Henry Miller
9. *Father's Occupation* Coal Dealer
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs Bruce

Address, 711 E Pratt St.

Remarks,

189500072 84

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, with such other particulars as may be required by the Board of Health. It shall be the duty of each attending physician, midwife, or other person who shall have been informed of the birth, to ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69940

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 15th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Nov 5th 1895 — + we won't forget the day.
4. Place of Birth, (Street and Number) 602 N. Calvert
5. Full Name of Mother, Annie Callahan
6. Mother's Maiden Name, Annie Wisberger
7. Mother's Birthplace, Ireland
8. Full Name of Father, Peter Callahan
9. Father's Occupation, Grain Grocer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return. Dr. J. E. Reynolds M.D.

Address, 711 N Calvert St

Remarks, 1895 0007285

Wm J C. Dulany Co., City Printers and Stationers.

[illegible] the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the attendant, to the Commissioner of Health, within the first and third days of each and every month to the officer or practitioner of white duty of the person or parents of such child over the signature of the Commissioner of Health, or shall no other person be in attendance upon the mother. Commissioner of Health to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69941

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, 5 November 1895.
4. Place of Birth, (Street and Number) 135 Harrison St.
5. Full Name of Mother, Fenny Freedman.
6. Mother's Maiden Name. Fenny Rumanex.
7. Mother's Birthplace. Russia.
8. Full Name of Father, Moses Freedmann.
9. Father's Occupation Grocery Store.
10. Father's Birthplace, Russia.

Name of Medical Attendant, or other person who makes this return. Mrs Eva Kohn midwife

Address. 135 Harrison Street.

Remarks. Mother and Child are well.

1895003-7285

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] and shall be delivered, duly signed by the attendant, or other person who shall attend at such birth, to the Commissioner of Health. In case no other person be in said school of midwifery, of the person or parents of such child, or the mother, in the manner and within the period above recited, and shall occur without the attendance immediately thereafter, it shall become and within the period above recited, and attendance upon the mother, in the manner and within the period above recited, and shall be the duty of such attendant, or other person, to report to the Commissioner of Health, in the manner and within the period above recited, and child to report to such Commissioner of Health, in the manner and within the period above recited, and any such report or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health; provided, if any such child shall occur without the attendance of a practitioner or midwife, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69942

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Tuesday Nov 5th 95. 11th P.M.
4. Place of Birth, (Street and Number) 1146. N. Calhoun St
5. Full Name of Mother, Emma L. De Pury
6. Mother's Maiden Name, Emma L. Fusly
7. Mother's Birthplace, Hagerstown Md
8. Full Name of Father, Jas. Augustus. De Pury
9. Father's Occupation Paper Hanger
10. Father's Birthplace, Brooklyn N.Y.

Name of Medical Attendant, or other person who makes this Return, Elizabeth Wm.

Address, 116. W Mulberry St — Md

Remarks, 18950007287

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69943

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored race
3. *Date of Birth,* Born Nov. 5th 1895
4. *Place of Birth, (Street and Number)* Jones Ct. 129 Baltimore Md.
5. *Full Name of Mother,* Rose Brown
6. *Mother's Maiden Name,* Rose Raine
7. *Mother's Birthplace,* Westchester County Md.
8. *Full Name of Father,* Charles Henry Brown
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Back River Neck. Md.

Name of Medical Attendant, or other person who makes this Return, Georgianna Brooks

Address, 1951 E. Mulliken St.

Remarks, No remarks.

1 8 9 5 0 0 0 7 2 8 8

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69944

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* November 5 1895
4. *Place of Birth, (Street and Number)* 31 Stone Hill Mount Vernon
5. *Full Name of Mother,* Mary a Meeham
6. *Mother's Maiden Name,* Meads
7. *Mother's Birthplace,* Balt Co Md
8. *Full Name of Father,* Edward C. Meeham
9. *Father's Occupation* Works for the Water Board
10. *Father's Birthplace,* Spotsylvania Co. Va

Name of Medical Attendant, or other person who makes this Return. Mary a Martin

Address, 2804 Cedar avenue

Remarks,

1895 0007289

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the [illegible] said schedule shall be delivered, duly filled, to the Registrar of Vital Statistics, Board of Health, Baltimore City, in the form of a certificate between the first and third days of each and every month, and shall be by the said Registrar, or other person, or persons, as such Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69945

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Col.
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Nov. 5 1895
4. *Place of Birth, (Street and Number)* 1430 Orleans St.
5. *Full Name of Mother,* Mary J. Fleet
6. *Mother's Maiden Name,* " " Robinson
7. *Mother's Birthplace,* Va.
8. *Full Name of Father,* Benj. Fleet
9. *Father's Occupation* Sailor
10. *Father's Birthplace,* Va.

Name of Medical Attendant, or other person who makes this Return. Frances Berry m.n.

Address, 1430 Orleans St.

Remarks,

1895U007290

being conferred) its sex, color, the full name and occupation of its parents, the date and place of birth and the number of children, if any, of which the mother shall have been the first and said schedule shall be delivered, duly signed by the practitioner or other person, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69946

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 5th 1895
4. *Place of Birth, (Street and Number)* 1708 W. Lanvale St
5. *Full Name of Mother,* Mildred Brannan
6. *Mother's Maiden Name,* Simmons
7. *Mother's Birthplace,* Washington D.C.
8. *Full Name of Father,* Edward Brannan
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Kansas

Name of Medical Attendant, or other person who makes this Return, John Kopf M.D.

Address, 701 N. Gilmore

Remarks,

1895000729 1

Wm. J. C. Dulany Co., City Printers and Stationers.

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and the tenth day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the father or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

been conferred) the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be signed by the person or persons who shall have delivered, duly signed by the practitioner of Health. In case the birth of a child shall occur without the attendance of a physician or other person, the said return shall be in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of a child shall occur without the attendance of a physician or other person, the said return shall be in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In the event of such attendance upon the mother, the Commissioner of Health, in the manner and within the period above required, and with the provisions of this section, shall be supplied with a return of the birth of such child, to be recovered as other fines and forfeitures are recoverable, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of Ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69947

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, for the 5 18:99
4. Place of Birth, (Street and Number) Payson st no 311
5. Full Name of Mother, Josephine Thomas
6. Mother's Maiden Name, Josephine Coal
7. Mother's Birthplace, 1st marriage E Cecil Md
8. Full Name of Father, Isac Thomas
9. Father's Occupation Soap Cutter
10. Father's Birthplace, halls Mill Ohio

Name of Medical Attendant, or other person who makes this Return, Mrs J Kelley

Address, No 19-22 Wilkins ave

Remarks,

1 8 9 5 0 0 0 7 2 9 2

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69948

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 6th 1895
4. Place of Birth, (Street and Number) 2124 E. Pratt St.
5. Full Name of Mother, Lena K. Tyler
6. Mother's Maiden Name, " " Topwell
7. Mother's Birthplace, St. Mary's Co. Md.
8. Full Name of Father, Thomas Frank Tyler
9. Father's Occupation Commission Merchant
10. Father's Birthplace, Somerset Co. Md.

Name of Medical Attendant, or other person who makes this Return, E. E. Evans M.D.

Address, 1835 E. Baltimore St.

Remarks,

1 6 9 5 0 0 0 7 2 9 3

Wm. J. C. Dulany Co., City Printers and Stationers.

Form 1. To be kept as a permanent record in the office of the Registrar of Vital Statistics, Board of Health, Baltimore City. Form 2. To be filled out and signed by the person in charge of the house or place where the child was born, or by the attending physician, midwife, or other person who shall have been conferred the sex, color, the date and place of its birth, and the name and occupation of its parents, the date and place of birth; and the child's name if any, shall be duly signed by the practitioner in the form of a certificate between the first and fifth day of each and every month to the office of the Commissioner of Health. In case the person in charge of such child or other person who shall be in attendance upon the mother, immediately after the birth of such child, shall fail to report the birth of such child within the period above required, and shall not be in attendance upon the mother, immediately after the birth of such child, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate herein provided, to the parents of such child, or to the person in charge of such child, within ten days after the birth of such child. In case the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person, or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period of time specified; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69949

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* male ~~white~~
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* November 6th 1895
4. *Place of Birth, (Street and Number)* 322 North Fulton ave
5. *Full Name of Mother,* Milley Clara Trimble
6. *Mother's Maiden Name,* Roth
7. *Mother's Birthplace,* Baltimore City.
8. *Full Name of Father,* Charles Glen Trimble
9. *Father's Occupation* Feed dealer.
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return. J Harvey Hill M.D.

Address, 807 N. Arlington ave

Remarks,

1 8 9 5 0 0 0 7 2 9 4

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69950

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 4th.

1. *Sex,* (*state whether male or female*) Male

2. *Race or Color,* (*if not of the white race*) White

3. *Date of Birth,* Nov. 6th 1895

4. *Place of Birth,* (*Street and Number*) 236 W. Hoffman St.

5. *Full Name of Mother,* Alice L. Mathews

6. *Mother's Maiden Name,* Alice L. Sanders

7. *Mother's Birthplace,* Balt. Md.

8. *Full Name of Father,* Charles D. Mathews

9. *Father's Occupation* Insurance Business

10. *Father's Birthplace,* Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, Wilmer Brinton, M.D.,

Address, S. W. Cor. Calvert & Preston Sts.

Remarks,

1 8 9 5 0 0 0 0 7 2 9 5

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 2-14-72

RETURN OF A BIRTH. 69951

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: BLANCHE ESTELLE KEEN

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* Nov. 6th 95
4. *Place of Birth, (Street and Number)* Cupid & Clifton Sts.
5. *Full Name of Mother,* Mrs. Thos. Keen
6. *Mother's Maiden Name,* Margaret Reese
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Thos. Keen
9. *Father's Occupation* Produce dealer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. E. A. Smith M.D.

Address, 2505 Pennsylvania.

Remarks, Please mail me some Envelopes of Sheet & Appl

Filed 1895

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Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said return shall be signed by the practitioner in the form of a certificate hereinbefore prescribed; and said schedule shall be delivered monthly to the office of the Commissioner of Health; in case the birth of any child shall occur without the attendance of a physician or practitioner, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above prescribed; and attendance upon the mother, immediately upon the birth of her child, by any person who shall be such child to report its birth to the Commissioner of Health, in the manner and within the period above prescribed; and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69952

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* November 6th 1895
4. *Place of Birth, (Street and Number)* 2113 Orleans St
5. *Full Name of Mother,* Alice V. Veal
6. *Mother's Maiden Name,* Alice V. Kirby
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Edward B. Veal
9. *Father's Occupation* Machinist
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Hannah E Shroeder

Address, 2103 Orleans Street

Remarks,

1895 U C D 7297

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69953

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 6-95
4. Place of Birth, (Street and Number) 945 Eutaw St
5. Full Name of Mother, Minnie H Carns
6. Mother's Maiden Name, " " Bokel
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Carns
9. Father's Occupation Lather
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, R G Rankin MD

Address, 811 Jefferson Ave Waverly

Remarks,

1895 0007298

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the attending physician or midwife shall, within twenty-four hours after the birth, deliver to the person or persons in charge of such child a certificate setting forth the date and place of birth, the sex and color of such child, and the full name and occupation of its parents, which certificate shall be in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of medicine, the person or persons in attendance upon the mother, immediately thereafter, shall report the birth, in the manner and within the period above required, and such person or persons so shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69954

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. *Sex, (state whether male ~~or female~~)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 6th
4. *Place of Birth, (Street and Number)* # 1218 Patapsco Street
5. *Full Name of Mother,* Katie Wisemann
6. *Mother's Maiden Name,* Myers
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* John Wisemann
9. *Father's Occupation,* Butcher
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Minch

Address, 800 Lemmington street.

Remarks,

1 8 9 5 0 0 0 7 2 9 9

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth and the number of children by the mother, including the child in the form of a certificate between the first and third day of each and every month, in the case of the birth of any child in the office of the Commissioner of Health, in case the birth of any child shall occur without the aid of a physician or practitioner of midwifery, or should no other person be present at such birth, the mother, immediately thereafter, is hereby required to report the particulars required, and shall be required to report its birth to the Commissioner of Health, in the manner and within the period of time required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69955

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Male

3. Date of Birth, No. 6 Fountain st

4. Place of Birth, (Street and Number) 1916 E. Fountain st

5. Full Name of Mother, Mary T. H. Perry

6. Mother's Maiden Name, Mary T. H. Perry of Baltimore

7. Mother's Birthplace, Wm. T. Perry

8. Full Name of Father, Policeman

9. Father's Occupation Baltimore

10. Father's Birthplace, Mrs. N. E. Perry

Name of Medical Attendant, or other person who makes this Return, 2022 E. Fountain st

Address, City

Remarks, 0 9 5 0 0 0 7 3 0 0

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the number of children born to the mother, including the child last born, and the number of children living; and the said clergyman shall be delivered, duly signed by the practitioner or midwife, or the person or parents of such child, to the clergyman of each and every month to the office of the Commissioner of Health. In case the birth occurs in any other place than the dwelling of the mother, the person who shall be in attendance upon the mother at the time of the birth, or the person or parents of such child, shall occur without the attendance of a physician or practitioner of midwifery, or the person or parents of such child, to report the birth to the Commissioner of Health, in writing, within the period above required, and shall be liable to be called upon to testify in any matter relating to such birth, and shall be liable to be compelled to comply with the provisions of this section, and shall be liable to be prosecuted and punished for the neglect or refusal to comply with the provisions of this section, and shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69906

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Oct. 6. (7. 20. A. M.).
4. Place of Birth, (Street and Number) 1830 Wilhelm street.
5. Full Name of Mother, Anna Marie Coyne,
6. Mother's Maiden Name, Feldmaker.
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Edward Coyne.
9. Father's Occupation, Engineer.
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Kanne,

Address, 632. N. Fremont Ave.

Remarks, 1895007301

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 69957

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, Nov. 6th 1895
4. Place of Birth (Street and Number), 1328 North avenue City
5. Full Name of Mother, Mrs Armenia Etta Smith
6. Mother's Maiden Name, Owings
7. Mother's Birthplace, Baltimore County
8. Full Name of Father, Harry Washington Smith
9. Father's Occupation, Meat Merchant
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. W. L. Morgan M.D.

Address, 202 W. Franklin St

Remarks,

1895000730 2

Baltim e Publishing Co., City Printers and Stationers.

RETURN OF A BIRTH. 69958

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The 6th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, The 6 of November 1895

4. Place of Birth, (Street and Number) No 1007 Milton St

5. Full Name of Mother, Mary Ida Edwards

6. Mother's Maiden Name, Mary Ida Cruzey

7. Mother's Birthplace, Pikesville Md.

8. Full Name of Father, Harry J. Edwards

9. Father's Occupation Painter

10. Father's Birthplace, Balt'more

Name of Medical Attendant, or other person who makes this Return, Mrs Ch Lauer

Address, No 1054 Harford Ave

Remarks, Bal. Md.

1895

1895 0 07303

Wm. J. C. Dulany Co., City Printers and Stationers.

Act concerted 1898, color, &c., full name and occupation of its parents the date and place of birth and the said schedule shall be delivered only to the officer of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69959

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* November 6th 95
4. *Place of Birth, (Street and Number)* 1216 N Chester
5. *Full Name of Mother,* Francis A. Steelburg
6. *Mother's Maiden Name,* " " Spence
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* John Steelburg
9. *Father's Occupation* Bricklayer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Mary A. Allwell

Address, 1485 N Bond St

Remarks,

1 8 9 5 0 0 0 7 3 0 4

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 1-11-1950

RETURN OF A BIRTH. 69960

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Fannie Berry Osborne

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (1st) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 6th 1895
4. Place of Birth, (Street and Number) 817 N. Fricker St
5. Full Name of Mother, Maggie B. Osborne
6. Mother's Maiden Name, " " Weems
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Albert C. Osborne
9. Father's Occupation Clerk
10. Father's Birthplace, Harford Co Md

Name of Medical Attendant, or other person who makes this Return, J. D. Hammond

Address, 821 N. Carrollton Ave

Remarks,

1 8 9 5 0 0 0 7 3 0 5

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month, to the Commissioner of Health of Baltimore City, who shall, within one month after the receipt thereof, issue to the person who shall have been in attendance upon the mother, immediately hereafter to be called the nurse, or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately hereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69961

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov. 6 — 95
4. *Place of Birth, (Street and Number)* 2408 York road
5. *Full Name of Mother,* Mary C. Hall
6. *Mother's Maiden Name,* " " Mumma
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Frederick D Hall
9. *Father's Occupation* Teamster
10. *Father's Birthplace,* Baltimore Co Md

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

1895 0007306

been conducted) its sex, color, the full name and occupation of its parents, the date and place of birth, and the name and residence of the physician or midwife, if any, present at the birth, and the date of the registration of such birth, and shall be delivered, duly signed by the physician or midwife, or, in default of such, by the person in charge of the house, or the parents, if they reside in the house, to the Registrar of Vital Statistics within the first and third day of each month, and within one month to the office of the Commissioner of Health. Under no other circumstances shall occur without the certificate of a physician or midwife. Under no other circumstances shall any person be in attendance upon the mother, immediately before or after the birth of any child, be allowed to receive any such report of a birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69962

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 6 th
4. *Place of Birth, (Street and Number)* 1209 Cross St
5. *Full Name of Mother,* Christina Gintrum
6. *Mother's Maiden Name,* " " Dressler
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father.* William Gintrum
9. *Father's Occupation* Piano Maker.
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Annie Graf.

Address, 206 N. Schroeder St

Remarks,

1895000730 7

said scheme shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such household to report its birth to the Commissioner of Health within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

SEC. 1. Be it ordained by the City Council of Baltimore, that the full name and occupation of the parents, the date and place of birth, and the name of each child born within the City of Baltimore, shall be reported to the office of the Commissioner of Health, in the manner and within the period hereinafter prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69963

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Anna Elise Nordenholz

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Nov 6th - 1895
4. *Place of Birth, (Street and Number)* 2045 Penna ave
5. *Full Name of Mother,* Ida M. Hillegeist
6. *Mother's Maiden Name,* " " Nordenholz
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Ernest Nordenholz
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Brunswick Germany

Name of Medical Attendant, or other person who makes this Return, John L. Huck

Address, #647 N. Lafayette ave

Remarks, GIVEN NAME ADDED. 8-3.63 L.M.

1895U007306

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69964

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* November 6th 95
4. *Place of Birth, (Street and Number)* 756 W. German St
5. *Full Name of Mother,* Mary Ann
6. *Mother's Maiden Name,* Robinson
7. *Mother's Birthplace,* Yorkville S. C.
8. *Full Name of Father,* August Friedrich Warner
9. *Father's Occupation* U. S. Pensioner
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Bernhard Vogel M.D.

Address, 522 Pearl St

Remarks, duration of pregnancy 8 months

said obstetric shall be delivered, duly signed by the practitioner in the form of a certificate between the first and tenth days of each month, to the office of the Commissioner of Health, at least one other person keep a record of the attendance of a physician or practitioner of midwifery, or, in case no other person keep a record of the attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1 6 9 5 9 0 0 7 3 0 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69965

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* November 6th 1895
4. *Place of Birth, (Street and Number)* 616. Clement st
5. *Full Name of Mother,* Ella Ag
6. *Mother's Maiden Name,* Frank
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Oskar S Ag
9. *Father's Occupation* Gorbmaker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Caroline Schwartz

Address, 434 E Fort ave

Remarks,

1 8 9 5 0 0 0 7 3 1 0

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 5-18-60

RETURN OF A BIRTH. 69966

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Morton H. Rosen

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* November 6th 95
4. *Place of Birth, (Street and Number)* 21 S. Exeter st
5. *Full Name of Mother,* Rebecca Rosen
6. *Mother's Maiden Name,* Miller
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Aaron Rosen
9. *Father's Occupation* Merchant
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

2050807311

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth and the name by which it is to be delivered, duly signed by the practitioner in charge, or other person who may be the attendant, a certificate between the first and said child's birth, which certificate shall be delivered by the attendant or parents of such child to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, the mother herself shall become the duty of the person or persons in such case, to report the birth to the Commissioner of Health, in the manner provided in this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69967

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 6 November 98
4. *Place of Birth, (Street and Number)* 439 Schutter St
5. *Full Name of Mother,* Sophie Rader
6. *Mother's Maiden Name,* Sophia Sandrack
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* James Rady
9. *Father's Occupation* Tailor
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. Sebastian Conrad

Address, 1621 Barney St Balt. Md.

Remarks,

1895 0 7 3 1 2

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the person in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69968

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* M.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 11-6-95
4. *Place of Birth, (Street and Number)* Co Guy & Patterson Park Ave.
5. *Full Name of Mother,* Anna Whitford
6. *Mother's Maiden Name,* Anna Christopher
7. *Mother's Birthplace,* Md. Balto Co
8. *Full Name of Father,* J.M. Whitford
9. *Father's Occupation* Mrl -
10. *Father's Birthplace,* Baltimore Co

Name of Medical Attendant, or other person who makes this Return, W. T. Riley M.D.

Address,

Remarks,

1845000731 3

been conferred) the sex, color, the full name and occupation of its parents, the date and place of its birth; and the name, residence and occupation of the person who shall be present at the birth of any child shall be delivered, duly signed, by the practitioner in the form of a certificate herein, the first and third day of each and every month to a physician or practitioner of medicine within the city of the person or persons who shall occur without the aforesaid, immediately thereafter, in the manner and within the period prescribed, and attendance upon the mother, or other person who shall be present at the birth of any such child, to make such return of birth to the Commissioner of Health, in the manner and within the period prescribed, and any such person or persons who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co. City Printers and Stationers.

RETURN OF A BIRTH. 69969

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, November 6 1895
4. Place of Birth, (Street and Number) 635 Lemmon St
5. Full Name of Mother, Sarah Perkins
6. Mother's Maiden Name, Pinkney
7. Mother's Birthplace, Prince George Co.
8. Full Name of Father, John Perkins
9. Father's Occupation, Coachman
10. Father's Birthplace, A. A. County

Name of Medical Attendant, or other person who makes this Return, Louisa Lane

Address, 644 Jackson St

Remarks, 8 9 5 0 0 0 7 3 1 4

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in the manner and within the period above required, and shall occur without the attendance of a physician or midwife, or if such birth occur in any other place than a house, the person in attendance upon the mother, and whenever a midwife or other person shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69970

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Nov. 6 — 1895
4. *Place of Birth, (Street and Number)* 243 S. Dallas St.
5. *Full Name of Mother,* Kate Gunther
6. *Mother's Maiden Name,* Hess
7. *Mother's Birthplace,* New Orleans
8. *Full Name of Father,* Frederick Gunther
9. *Father's Occupation* Weaver
10. *Father's Birthplace,* Philadelphia Pa

Name of Medical Attendant, or other person who makes this Return Mary Stein

Address, 1427 E. Pratt St.

Remarks,

1895000731 5

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] is sex, cover the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered duly signed by the practitioner in the form of a certificate to the Commissioner of Health. In case there be no practitioner, the said schedule shall be delivered duly signed by the midwife, or should no other person be in attendance without the attendance of a physician or midwife, the person or parents of such child shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 09971

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 7 1895
4. *Place of Birth, (Street and Number)* 1710 Hinder St
5. *Full Name of Mother,* Lucy Lass
6. *Mother's Maiden Name,* Lucy Elsie
7. *Mother's Birthplace,* Brooklyn
8. *Full Name of Father,* George Lass
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Dr. R. Cassery

Address, 213 E Heath

Remarks, Coring Well

1895 8 8 0 8 7 3 1 4

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] name and occupation of the parents, the date and place of birth, and the [illegible] said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health; or, in case there is no such [illegible] shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section will be subject to the fine of ten (10) dollars for each offence, to be recovered, in other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69972

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th.

1. *Sex, (state whether male or female)* female.
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 7th November 1895
4. *Place of Birth, (Street and Number)* 2318 Cembrik street.
5. *Full Name of Mother,* E. Alise Finck.
6. *Mother's Maiden Name,* — Reits.
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* Georg Finck.
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Miss E. Liesemann.

Address, 1208 Pace street.

Remarks,

1 8 9 5 0 0 0 7 3 1 7

Wm. J. C. Dulany Co., City Printers and Stationers.

The physician, midwife, or other person in attendance upon the mother, immediately hereafter, shall become and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately hereafter, it shall become and within the period above required, and child to report its birth to the Commissioner of Health, duly signed by the person or persons in attendance upon such

RETURN OF A BIRTH. 69973

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, November 7, 1895.
4. Place of Birth, (Street and Number) 613 Poland ave.
5. Full Name of Mother, Susie Kirby Wright.
6. Mother's Maiden Name, Littlefield.
7. Mother's Birthplace, Maine.
8. Full Name of Father, Charles Edward Wright.
9. Father's Occupation Marine Engineer.
10. Father's Birthplace, Delaware.

Name of Medical Attendant, or other person who makes this Return, Elias H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks,

1895007318

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been born alive,) the sex, color, date and place of birth, and the name of the mother; and shall be signed by the physician or midwife, or, should no other person be in attendance upon the mother, then by the father, or, in his absence, any other person who shall have knowledge of such birth, to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69974

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Nov 7 — 1895
4. Place of Birth, (Street and Number) 232 Aisleemarle St.
5. Full Name of Mother, Mary Olivia Dohler
6. Mother's Maiden Name, Zahon
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Jacob Dohler
9. Father's Occupation Fire Man
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return Mary Stein

Address, 1427 E. Fayette St.

Remarks,

1895 0007319

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] sex, color, the full name and occupation of its parents, the date and place of birth, and the [illegible] shall be delivered, duly signed by the practitioner in charge, or by the person who shall have charge of any child [illegible] a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or other person or parents of such child, it shall become the duty of the person who shall have charge of such child within the period above required to report such birth to the Commissioner of Health, in the manner prescribed in the provisions of this section; and in case any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Baltimore under whose charge or care any child shall be born, shall, within twenty-four hours after the birth of such child, make a return of such birth to the Board of Health, in the manner and form prescribed by the Commissioner of Health, in the regular blank schedule, to be furnished by the Commissioner of Health. Such schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the date and place of birth, the full name, age, color, and occupation of its parents, the date and place of birth and the full name of each child, whether living or dead, of the mother of such child, if any shall have been born previously to the birth of any child named in such schedule, and every such schedule shall be duly signed by the practitioner in the form of a certificate herein required; and said schedule shall be delivered by the person or persons, or the midwife, who shall have attended at the birth of any child, or shall have been present at the same, or who shall have been requested and shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period herein prescribed, and in default of such report, the Commissioner of Health, or his or her agent, may report the birth of such child, and the person or persons who shall thereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69975

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	2d
1. *Sex, (state whether male or female)*	female
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	7th of November 95
4. *Place of Birth, (Street and Number)*	2019 Frederick Road
5. *Full Name of Mother,*	Anna Wiltorewicz
6. *Mother's Maiden Name,*	Anna Lazowski
7. *Mother's Birthplace,*	Pole
8. *Full Name of Father,*	Julius Wiltorewicz
9. *Father's Occupation*	Tailor
10. *Father's Birthplace,*	Pole
Name of Medical Attendant, or other person who makes this Return,	Friederike Henles Widwife
Address,	2116 W. Pratt St.
Remarks,	

1 8 9 5 0 0 7 3 2 0

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69976

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether ~~1st, 2d~~, 3d, &c.) .....

1. *Sex, (state whether male or female)* .....
2. *Race or Color, (if not of the white race)* .....
3. *Date of Birth,* Thursday Nov 27 1895
4. *Place of Birth, (Street and Number)* 906 S Chas St
5. *Full Name of Mother,* Lizzie Hamersleitner
6. *Mother's Maiden Name,* Lizzie Keller
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Martin Hamersleitner
9. *Father's Occupation,* Cooper
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Kate Minch

Address, 900 Leadenhall st.

Remarks, ...

8 9 5 0 0 0 7 3 2 1

Wm J. C. Dulany Co., City Printers and Stationers.

[illegible] this [illegible] day of [illegible] 1895 the name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the person in charge of such house or place where such birth shall occur, or in other cases the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69977

GIVEN NAME ADDED 11-23-60

To the Office of Registrar of ~~Vital~~ Statistics, ~~Board~~ Health, Baltimore City.

Name: LeRoy Wynne McDaniel First

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) M
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 7 1945
4. Place of Birth, (Street and Number) 1004 Potomac St.
5. Full Name of Mother, Julia Pearl
6. Mother's Maiden Name, Ashby
7. Mother's Birthplace, City
8. Full Name of Father, Robert Washington McDaniel
9. Father's Occupation Mechanic
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return, E. J. Williams MD

Address, 1114 Chesapeake St

Remarks.

1 8 9 5 0 0 0 7 3 2 2

Wm. J. C. Dulany Co., City Printers and Stationers.

Any person who shall neglect or refuse to give the name and occupation of the parents, the date and place of birth, and the said schedule shall be delivered, duly signed, to the attendant in the form of a certificate between the first and third day of each and every [illegible] to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69978

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 7 November
4. *Place of Birth, (Street and Number)* Regester St 512
5. *Full Name of Mother,* Katie Smolenska
6. *Mother's Maiden Name,* Grajs
7. *Mother's Birthplace,* Pole
8. *Full Name of Father,* Joseph Smolenska
9. *Father's Occupation* York-man
10. *Father's Birthplace,* Pole

Name of Medical Attendant, or other person who makes this Return,

Address, S. Bond St. 838

Remarks. Mary Bretl

1895007323

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the name of the attendant, if any, who shall have delivered, duly signed by the practitioner in the certificate between the first and third days of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, then the person or persons who shall have been present at the birth of such child to report, in like manner, the same to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, then the person or persons who shall have been present at the birth of such child to report, in like manner, the same to the Commissioner of Health. In the matter of the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69979

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color. (if not of the white race)* White
3. *Date of Birth,* Nov. 7th 95
4. *Place of Birth, (Street and Number)* Lancaster St. 1216
5. *Full Name of Mother* Stella Yaskuska
6. *Mother's Maiden Name,* " Martinska
7. *Mother's Birthplace,* Poland
8. *Full Name of Father,* Mike Yaskuska
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Poland

Name of Medical Attendant, or other person who makes this Return. Mary Kozak

Address. 602 S. Bond St.

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69980

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 7 December
4. Place of Birth, (Street and Number) 1507 Boyle
5. Full Name of Mother, Anna White
6. Mother's Maiden Name, " " Waters
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Henry White
9. Father's Occupation, Pottery man
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Mrs. E. Allen

Address,

Remarks,

1895 0007325

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month, to the office of the Commissioner of Health. In case by reason of the birth of any child shall occur without the attendance of a physician or practitioner of medicine, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above specified, and upon the mother, immediately before or after the birth of such child, shall be the duty of any such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 10-10-55

RETURN OF A BIRTH. 69981

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

William Herbert ~~[illegible]~~ Bahlke

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* November 7-1895
4. *Place of Birth, (Street and Number)* 1704 E. Baurall St
5. *Full Name of Mother,* Maggie E. Bahlke
6. *Mother's Maiden Name,* " Ruppert
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Geo. W. Bahlke
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, ~~or other person who makes this Return,~~ Geo F. Taylor M.D

Address, 1354 E. Broadway

Remarks,

1 8 5 0 4 0 7 3 2 5

Wm. J. C. Dulany Co., City Printers and Stationers.

Sex, color, the full name and occupation of its parents, the date and place of birth; and the name of the attending physician, if any, shall be duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, the person in charge of such child is required to report the birth to the Commissioner of Health, in the manner and within the period above required, and any and every person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

been conferred in sex color, the full name and occupation of its parents, the date and place of birth; and the name of the attendant who shall have delivered, fully signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall be the duty of the person or parents of such attendance upon the mother, immediately thereafter, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69982

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Mr. 7 1895
4. Place of Birth, (Street and Number) 2238 E. Balto St
5. Full Name of Mother, Mamie V. Krebs
6. Mother's Maiden Name, " " Ringrose
7. Mother's Birthplace, Balto.
8. Full Name of Father, Wm. H. Krebs
9. Father's Occupation Salesman
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, R. W. Mansfield M.D.

Address, 129 S Broadway

Remarks, 1895 0007327

Wm. J. C. Dulany Co., City Printers and Stationers.

CERTIFICATE CORRECTED

RETURN OF A BIRTH. 69913

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mary E. Seaman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 7 – 85
4. *Place of Birth, (Street and Number)* 345 Fulmore st Waverly
5. *Full Name of Mother,* Cara M. ~~Seaman~~ Seaman
6. *Mother's Maiden Name,* " " Jenkins
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George W. ~~Seaman~~ Seaman
9. *Father's Occupation* Engineer
10. *Father's Birthplace,* New York State.

Name of Medical Attendant, or other person who makes this Return, R L Rankin MD

Address, 811 Jefferson Ave Waverly

Remarks,

18950 07328

Wm. T. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69984

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 7th 1895
4. *Place of Birth, (Street and Number)* 1200 Moshier St
5. *Full Name of Mother,* Emily H. Howes
6. *Mother's Maiden Name,* " " Smiley
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* John W. Howes
9. *Father's Occupation* Farmer
10. *Father's Birthplace,* Calvert Co. Md.

Name of Medical Attendant, or other person who makes this Return, Jas E. Gilbons M.D.

Address, 1102 W. Lafayette Lane

Remarks,

1895 0007329

Wm. J. C. Dulany Co., City Printers and Stationers.

Sec. 3. Be it further ordained, That the name and occupation of the parents, the date and place of birth, and the number of each child born in the city of Baltimore, shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner of medicine or midwifery, it shall be the duty of the person in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and every person or parent who shall wilfully neglect to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered under fines and forfeitures are recoverable.

GIVEN NAME ADDED 8-17-56

RETURN OF A BIRTH. 69985

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~Emma Margaret Loppelsond~~ Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 7th 1895
4. Place of Birth, (Street and Number) Balto City, Valley St 920
5. Full Name of Mother, Mary Herman Zapp
6. Mother's Maiden Name, Mary Zwosta
7. Mother's Birthplace, Byron Zeppelsdorf Germany
8. Full Name of Father, Herman Zapp
9. Father's Occupation Fire Extinguisher Maker
10. Father's Birthplace, Balto City Md

Name of Medical Attendant, or other person who makes this Return, Mrs. Moritz

Address,

Remarks,

1895000733 0

Wm. J. C. Dulany Co., City Printers and Stationers.

...been completed) in sex, color, the full name and occupation of its parents, the date and place of birth, and the ... signed by the practitioner in the form of certificate hereinafter provided, to be between the first and ... month to the office of the Commissioner of Health, or should no other person be ... or midwifery, or should the attendance of a physician or a midwife be required, such ... shall become the duty of the person above required, and ... Commissioner of Health, in the manner and within the period above required, and ... who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars, for each offence, to be recovered, as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69986

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov. 7/95

4. Place of Birth, (Street and Number) 655 N. Bond St

5. Full Name of Mother, Louisa Bulmer

6. Mother's Maiden Name, Louisa Lembert

7. Mother's Birthplace, Germany

8. Full Name of Father, August E. Bulmer

9. Father's Occupation, Baker

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Wm. Bashleed M.D.

Address, 1 Dr. W. Bonney

Remarks, Born 6.30 a.m.

1895 0 0 7 3 2 1

Wm. J. C. Dulany Co., City Printers and Stationers.

Said schedule shall be delivered, duly signed by the attending physician or midwife, or other person who shall have charge of such birth, to the Commissioner of Health, or shall no other person be in attendance, then the same shall be delivered by the person in charge of the premises where such birth shall occur, within twenty-four hours after the birth of any child, and every month to the officer or inspector of wards the duty of the person so required, and third day of each month thereafter, in the manner provided in this section shall be established by the Commissioner of Health to comply with the provisions of this section shall be subject to the fine or penalty hereinafter in the manner and within the time specified, and shall be sufficient notice upon the mother, Commissioner of Health to comply with the provisions of this section. Any such person or persons who shall hereof offence, to be recovered as other fines and forfeitures are recoverable. child to report to the Commissioner of Health, in the manner provided in this section shall be subject to the fine or penalty of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69987

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Nov 1th 1895
4. *Place of Birth, (Street and Number)* 1405 Bruice st
5. *Full Name of Mother,* Catharine Johnson
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Charles County Md.
8. *Full Name of Father,* Wm H Johnson
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Howard County Md

Name of Medical Attendant, or other person who makes this Return. Matilda Johnson

Address, 1408 Bruice Street

Remarks,

1 8 9 5 0 0 9 7 3 5 2

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been born living), the sex, color, date of birth, and place of birth; and the full name, age, and occupation of its parents, the date of certificate between the first and the tenth day of each month, and shall be signed by the practitioner in the office of Health. In case the birth of any child shall be in said schedule shall be delivered, with the oath to the office of the Commissioner of midwifery, or should no other person be in attendance at the birth, then the person in attendance shall be required to report the birth of such child, as aforesaid, within the period above required, and shall occur upon the mother immediately after it shall become the duty of the attendant physician, or other person who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 69908

GIVEN NAME ADDED 4/13/71

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: WALTER LEROY GLANVILL

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, November 8 th 1849
4. Place of Birth, (Street and Number) No. 7 Wellsley St. cmw
5. Full Name of Mother, Ellen Glanvill
6. Mother's Maiden Name, Ellen Armstrong
7. Mother's Birthplace, Baltimore
8. Full Name of Father, ~~Jesse~~ Isaac Glanvill
9. Father's Occupation Mariner
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

1875008733

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the place of birth of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the person or persons of such attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69989

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 8th 1895
4. Place of Birth, (Street and Number) 1030 W. Saratoga St
5. Full Name of Mother, Clara Belle Johnston
6. Mother's Maiden Name, " Martin
7. Mother's Birthplace, " Baltimore Md
8. Full Name of Father, Frederick W. Johnston
9. Father's Occupation Fireman
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Geo. E. Gibbons M.D.

Address, 1102 W. Lafayette ave

Remarks,

1 6 9 5 0 0 0 7 3 3 4

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be delivered, duly signed by the practitioner, or by the form of a certificate between the first and third day of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in said schedule shall be delivered, duly signed by the practitioner, or by the form of a certificate between the first and third day of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, the Commissioner of Health, in the manner and within the period above required, and child to report the birth, shall be deemed guilty of a misdemeanor, and upon conviction thereof shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69990

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Catherine Auld

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 8th 1895
4. Place of Birth, (Street and Number) 229 N. Chester St.
5. Full Name of Mother, Elizabeth Ellen Auld
6. Mother's Maiden Name, " " Wood
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Hugh Auld
9. Father's Occupation R.R. Clerk
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, C. P. Crouse M.D.

Address, 1835 E. Baltimore St City

Remarks, OVER NAME ADDED 9-9-53

1895 00 07 33 5

Geo. J. C. Dulany Co., City Printers and Stationers.

[illegible] contained in the [illegible] of its parents, the date and place of birth, and the sex, color, the full name and occupation of its parents, the date and place of birth, and the [illegible] been conferred; the full name and occupation of the person or persons who have assisted at the birth, and the place where it was born, shall be delivered, duly signed, to the attending physician or practitioner in the form of a certificate between the first and third day of each and every month, or, in the absence of a physician or practitioner of midwifery, to the Commissioner of Health. In case no other person be in attendance, such certificate shall be delivered within twenty-four hours after the birth, by the person or parents of such child, or person in whose house or premises the birth shall occur without the attendance of a physician or practitioner of midwifery, and shall be signed by such person or persons who shall be in attendance at the birth, in the manner and within the period above required, and shall correctly state the place of birth, to the Commissioner of Health, in the form above prescribed. Any such person or persons who shall fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69991

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 8 '95
4. *Place of Birth, (Street and Number)* 778 W Saratoga
5. *Full Name of Mother,* Mrs Catherine V Cuchaw
6. *Mother's Maiden Name,* " " Meuchaw
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* John J Meuchaw
9. *Father's Occupation* Cigar maker
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, T C Worthington

Address, 840 W Fayette

Remarks,

1 6 9 5 0 0 0 7 3 3 6

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the number of the child of its mother, and shall have said schedule signed by the practitioner or person who shall have been present at the birth, or certificate sworn to before a justice of the peace, or a notary public, within thirty days of such birth, to the Commissioner of Health. In case the birth of any child shall occur without the presence of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and with the particulars above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69992

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) M
2. Race or Color, (if not of the white race)
3. Date of Birth, Nov 8. 95
4. Place of Birth, (Street and Number) 2008 Linden Ave
5. Full Name of Mother, Alice G Payne
6. Mother's Maiden Name, " " Cowman
7. Mother's Birthplace, Balti:
8. Full Name of Father, J. H. M. Payne
9. Father's Occupation Real Estate
10. Father's Birthplace, Balti:

Name of Medical Attendant, or other person who makes this Return, J M Hunsley

Address, 1002 Ed Ave

Remarks,

1 0 7 5 0 0 0 7 3 3 7

Wm. J. C. Dulany Co., City Printers and Stationers.

No. 1. Sex, color, full name and occupation of its parents, the date and place of birth, and the number of the child of the mother, shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, the duty of the person or parents of such child to report, shall devolve upon the person or persons who shall become the duty of the person or parents of such attendance upon the mother, immediately to report to the Commissioner of Health, in the manner and within the period above required, and shall be liable to the penalty for neglect to report, as the Commissioner of Health may require, which shall be recovered in the name of the City of Baltimore, for the use of the City, by action of debt, against the person or persons who shall hereafter fail to comply with the provisions of this section, which shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the name of the attendant, if any other than a physician or midwife, or else the person who shall first have had the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, and any person or persons so required and neglecting or refusing so to do shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69993

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* male.
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* November 8th 1895
4. *Place of Birth, (Street and Number)* No. 17 Young St
5. *Full Name of Mother,* Ida Miller
6. *Mother's Maiden Name,* Ida Gressbach
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Miller
9. *Father's Occupation* Butcher.
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1895.00073308

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69994

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 8, 1895
4. Place of Birth, (Street and Number) 247 N. Preston St.
5. Full Name of Mother, Emma Dittler
6. Mother's Maiden Name, Emma Pyeritz
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Dittler
9. Father's Occupation, Baker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Wm. M. Pancbaker, M.D.

Address, 1115 Linden ave., Balto, Md.

Remarks,

1 8 9 5 0 0 0 7 3 3 9

Wm. J. C. Dulany Co., City Printers and Stationers.

Every person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69995

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, November 8th 1895
4. Place of Birth, (Street and Number) 1303 Hillman St
5. Full Name of Mother, Catherine A. Lardner
6. Mother's Maiden Name, Catherine A. Bryan
7. Mother's Birthplace, Ireland
8. Full Name of Father, John Lardner
9. Father's Occupation Asst foreman of coal wharf B&O R.R.
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs. Wooden

Address, 1600 E. Pratt St

Remarks,

+ 0 9 5 0 0 0 7 4 : 0

said schedule shall be delivered, duly signed by the Attendant, to the Registrar, or other person in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately after the birth, the person or parents of such child shall report the birth to the Commissioner of Health, comply with the provisions of this section, and such person or persons so neglecting shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69996

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex, (state whether male or female)* Male Child
2. *Race or Color, (if not of the white race)* Colored Child
3. *Date of Birth,* Thurs Feb 10. 95
4. *Place of Birth. (Street and Number)* Hospital 212
5. *Full Name of Mother,* Ellen Hamond age 36
6. *Mother's Maiden Name,* Ellen Brooks
7. *Mother's Birthplace,* Ky. Co. Md.
8. *Full Name of Father,* Thomas Hamond age 40
9. *Father's Occupation,* Common Labor
10. *Father's Birthplace,* Cal. Co Md

Name of Medical Attendant, or other person who makes this Return, Mrs Carrie Reid

Address, 412 Parrish Alley

Remarks,

1-69500007341

said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall become the duty of the person in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69993

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 8
4. Place of Birth, (Street and Number) 2021 Ramsay
5. Full Name of Mother, Mrs Mary Peter Ace
6. Mother's Maiden Name, "
7. Mother's Birthplace, Md
8. Full Name of Father, Joseph Ace
9. Father's Occupation Carpenter
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, E. E. Ellinton

Address, Lennox Md

Remarks, 18 Ft - Constructed

1 8 7 5 0 0 0 7 3 4 2

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and shall occur without the intervention of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall be the duty of the person or persons in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 69998

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* November 8, 1895.
4. *Place of Birth, (Street and Number)* 3078 Cedar ave.
5. *Full Name of Mother,* Angelina Rebecca Thomas.
6. *Mother's Maiden Name,* German.
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* Charles Thomas.
9. *Father's Occupation* Stable-man.
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return, Edwin H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks,

1895 0007343

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 69999

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* November 8, 1895.
4. *Place of Birth, (Street and Number)* 258 Cedar ave.
5. *Full Name of Mother,* Elsie M. Amos.
6. *Mother's Maiden Name,* Hosler.
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* William S. Amos.
9. *Father's Occupation* Carpenter.
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return, Charles Mitchell M.D.

Address, 291 Chestnut ave.

Remarks, —

1895008344

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the maiden surname of its mother, in the form of a certificate between the first and third days of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the parents of such child to report its birth to the Commissioner of Health, in the manner and within the period prescribed, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine or fine (?) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70000

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Black
3. Date of Birth, Nov 8 95
4. Place of Birth, (Street and Number) 507 N Eden Street
5. Full Name of Mother, Laura Jenkins
6. Mother's Maiden Name, " Roswell
7. Mother's Birthplace, Maryland
8. Full Name of Father, Augustus Jenkins
9. Father's Occupation Driver
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return. Geo W Robbins M D

Address, The Johns Hopkins Hospital.

Remarks,

1 8 9 5 0 0 0 7 3 4 5

Wm. J. C. Dulany Co., City Printers and Stationers.

Said return shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons in such case, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons so neglecting or refusing shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70001

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.), First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov. 9th
4. *Place of Birth, (Street and Number)* 1123 E. Lombard
5. *Full Name of Mother,* Bessie Holzweig
6. *Mother's Maiden Name,* Bessie Krisberg
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Myer Holzweig
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Joseph Blum

Address, 614 S. Eutaw St.

Remarks,

1 8 9 5 0 0 0 7 3 4 6

Any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70002

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) W.
3. Date of Birth, Nov. 9/95
4. Place of Birth, (Street and Number) 2512 E. Fayette
5. Full Name of Mother, Annie L. Flaherty
6. Mother's Maiden Name, " " Hayes
7. Mother's Birthplace, B. C.
8. Full Name of Father, Chas. V. Flaherty
9. Father's Occupation, Cashier
10. Father's Birthplace, B. C.

Name of Medical Attendant, or other person who makes this Return, Geo. L. Wilkins M.D.

Address, 6 N. Bdy

Remarks,

1895 0007347

Wm J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month, to the registrar of the district, in which the birth of any child shall occur, or to such other person or officer as shall be appointed by the Board of Health, to receive the attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered in the other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70003

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Nov 9th 1895
4. *Place of Birth, (Street and Number)* No. 722 Bradley St.
5. *Full Name of Mother,* Idella Myers
6. *Mother's Maiden Name,* Myers
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Willie Butler
9. *Father's Occupation,* Agent
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs F. Myers

Address, No. 722 Bradley St

Remarks,

1 3 2 5 0 2 0 7 3 4 8

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and tenth day of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should any other person than such attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 70004

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 children 4th.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 9 November

4. Place of Birth, (Street and Number) 122 Aisquith St Balto.

5. Full Name of Mother, Maggie M. Scales

6. Mother's Maiden Name, Maggie Connelly

7. Mother's Birthplace, Balto.

8. Full Name of Father, Stephen Scales

9. Father's Occupation Driver

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs. Woodens

Address, 1008 Hillmanett

Remarks,

15950087349

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and the third day of each and every month, at the office of the Commissioner of Health. In cases where a child of any child shall occur without the after, immediately thereafter, in the manner and within the period above recited, and attendance upon the birth to the Commissioner of Health, in the manner and within the period above recited, and child to report the birth to the Commissioner of Health, in the manner and within the period above recited, any such person or persons who shall have neglected or failed to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70005

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* November 9th 1895
4. *Place of Birth, (Street and Number)* 913 Eastern Ave
5. *Full Name of Mother,* Mary Wallace
6. *Mother's Maiden Name,* Mary Walker
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Robert Wallace
9. *Father's Occupation,* Letter Carrier
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mary Engelhart

Address, 1726 Eastern Ave Balto Md.

Remarks,

1895 0007350

Wm J C. Dulany Co., City Printers and Stationers.

[illegible] shall be delivered, duly signed by the practitioner, in the form of a certificate hereinbefore [illegible] shall be [illegible] to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be liable to report the birth, the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report the same, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70006

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov th 9-18-95
4. *Place of Birth, (Street and Number)* Eagle st No 22-26
5. *Full Name of Mother,* Barbara Boland
6. *Mother's Maiden Name,* Barbara Bailey
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Boland
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs S. Kelley

Address, No 1922 Baltimore

Remarks,

1 8 9 5 0 0 0 7 3 5 1

Any person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70007

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third.

1. *Sex, (state whether male or female).* Female
2. *Race or Color. (if not of the white race)* White
3. *Date of Birth,* Nov 1 1895
4. *Place of Birth, (Street and Number)* 831 Pelham St
5. *Full Name of Mother,* Julia Elizabeth
6. *Mother's Maiden Name,* Eliason
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Martin Frank Hobbs
9. *Father's Occupation* RR Brakeman
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return, E. Wollmann MD

Address, 1114 Chesapeake St

Remarks.

1 8 9 5 0 0 0 7 3 5 2

Wm. J. C. Dulany Co., City Printers and Stationers.

Sec. 2. Be it further enacted, That the Return of a Birth shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the presence of a physician or midwife, it shall be the duty of the person or persons in attendance upon the mother, immediately thereafter, to comply with the provisions of this section, and in case the child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

been conferred) his sex, color, the full name and occupation of his parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the attendant, to the person or officer before the first and third day of each week, at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons in charge of such mother, or of the person in whose house or premises such child shall be born, and each child to report its birth to the Commissioner of Health, to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70008

GIVEN NAME ADDED 1-30-62

To the Office of ~~Registrar~~ of Vital ~~Statistics~~, Board of Health, Baltimore City.

Name: Hilda Fredricka Stapf

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 9th of November 95
4. Place of Birth, (Street and Number) 24 Stanson St.
5. Full Name of Mother, Martha Stapf
6. Mother's Maiden Name, Martha Otto
7. Mother's Birthplace, Balto
8. Full Name of Father, Joseph Stapf
9. Father's Occupation Butcher
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Friederike Keuler Midwife

Address, 2116 W. Pratt St

Remarks,

1895000 7353

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70009

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov. 9/95
4. *Place of Birth, (Street and Number)* 2205 Rosex Str.
5. *Full Name of Mother,* Karolina Friederich
6. *Mother's Maiden Name,* " Zieffle
7. *Mother's Birthplace,* " Balto
8. *Full Name of Father,* William Friederich
9. *Father's Occupation* Porter
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Dieselhofer

Address, 2225 Gough Str.

Remarks,

1 8 9 5 0 0 0 7 3 5 4

Wm. J. C. Dulany Co., City Printers and Stationers.

(1) Sec. (1) (a) Sex, color, the full name and occupation of its parents, the date and place of birth, and the number of the child of the mother, shall be certified by the attending physician or midwife, or, if there be no such physician or midwife, then by the person in charge of such child, to the office of the commissioner of health, in the form of a certificate between the first and third day of each and every month to the office of the commissioner of health, in case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should the other person be in charge of such child be unable to comply with the requirements of such certificate, it shall become the duty of the person or persons in charge of such child to report the birth to the commissioner of health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70010

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) V

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov. 9/95
4. *Place of Birth, (Street and Number)* 705 N. Wolf Str.
5. *Full Name of Mother,* Maggie Foarde
6. *Mother's Maiden Name,* Hammonds
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* David Foarde
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, Wm Deisenhofer

Address, 1220 Gough Str

Remarks,

1895000 7355

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall be the duty of the person or parents of such child to report the same to the office of the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70011

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female).* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Nov 9 95
4. *Place of Birth, (Street and Number)* 1003 Cliffen Place
5. *Full Name of Mother,* Florida V. Smith
6. *Mother's Maiden Name,* " " Shockels
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* G. I. Smith
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Oakland Co Md

Name of Medical Attendant, or other person who makes this Return, M B Reary MD

Address.

Remarks.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the parent, no other person being in attendance upon the mother, immediately thereafter, it shall become the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1 3 9 5 0 6 0 7 7 5 4

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70012

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, Nov. 9. 1895

4. Place of Birth, (Street and Number) 233 N. Dearborn St.

5. Full Name of Mother, Lillie Driver

6. Mother's Maiden Name, " Barnes

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Jeremiah Driver

9. Father's Occupation, Teator

10. Father's Birthplace, Cambridge Md

Name of Medical Attendant, or other person who makes this Return, Susan Hooper

Address, #123 N. Dearborn St.

Remarks, 1895009357

Wm J. C. Dulany Co., City Printers and Stationers.

Sec. 8. Be it further enacted, that the form of a certificate of birth, duly signed by the practitioner in the form of a certificate between the first and ninth day of each month to the office of the Commissioner of Health, or should no other person be present at the birth, then to the attendant or practitioner of record, or in case the birth of any child shall occur without the attendance of a physician or practitioner, then the person or persons in whose family such child shall become the duty of the person or persons required to report the birth to the Commissioner of Health, in the manner and within the time required, and attendance upon the mother, immediately after the birth of such child, to report the birth of such child to report its birth to the Commissioner of Health, in the manner and within the time required, and say such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70013

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov. 9/95

4. Place of Birth, (Street and Number) 802 S. Cannon Sta.

5. Full Name of Mother, Mary E. Lukau

6. Mother's Maiden Name, " " Kress

7. Mother's Birthplace, Balto.

8. Full Name of Father, Charles Lukau

9. Father's Occupation Laborer

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Dunkofer

Address, 2225 Lough St

Remarks,

1 8 9 5 0 0 0 7 3 5 0

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred, the same shall be delivered, duly signed by the practitioner in the form of a certificate, to the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the mother, Commissioner of Health, shall become the duty of the person or persons of such child to report the birth to the Commissioner of Health, in manner and within the period above prescribed, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 70014

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (State whether male or female) Female.
2. Race or color, (if not of the white race) White.
3. Date of Birth, Nov. 9. 1895
4. Place of Birth, (Street and Number) 711 S. Fremont Av.
5. Full Name of Mother, Florence Adelaide Braecklein.
6. Mother's Maiden Name, " " Maris.
7. Mother's Birthplace, Balt. Md.
8. Full Name of Father, Alfred Braecklein.
9. Father's Occupation, Machinist.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return. Alfred Wantland M.D.

Address, 921 Cathedral St.

Remarks,

1895D007359

J. S. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 70015

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1. Child

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White Race
3. Date of Birth, Born Nov 9th 1895
4. Place of Birth, (Street and Number) #1238 Mc. Henry St
5. Full Name of Mother, Mrs. Augusta Morrison
6. Mother's Maiden Name, Miss " Lightenberger
7. Mother's Birthplace, Balto City
8. Full Name of Father, Richard Morrison
9. Father's Occupation Driver
10. Father's Birthplace, Grafton, W. Va.

Name of Medical Attendant, or other person who makes this Return, Mrs. Hiller

Address, #2008 Mc. Henry St

Remarks.

1895 0 0 7 3 6 0

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third days of each and every month, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above prescribed, and any such person or persons who shall neglect or refuse to comply with the provisions of this section, shall be jeckeel to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth and the number of the child of its mother, and shall deliver duly signed by the attendant or in the form of a certificate between the first and third days of each and every month to the officer or practioner of midwifery of the person or parents of such child, or, without the attendance of such person, in the house in which such birth shall have occurred, shall be present at such birth, in the manner and within the period aforesaid, and shall be in attendance upon the mother, and shall comply with the provisions of this section shall be subject to the penalty of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70016

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, November 9 1895
4. Place of Birth, (Street and Number) 536 Madison Ave
5. Full Name of Mother, Amelia A. Jones
6. Mother's Maiden Name, Amelia A. Grimes
7. Mother's Birthplace, Easton County Maryland
8. Full Name of Father, Edward Jones
9. Father's Occupation Work
10. Father's Birthplace, Baltimore MD

Name of Medical Attendant, or other person who makes this Return, Lizzy Cornish

Address, 505 Preston Street

Remarks,

6 7 5 0 0 0 7 3 6 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70017

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan the 9-15-29
4. *Place of Birth, (Street and Number)* First st No 341
5. *Full Name of Mother,* Emaley M. Hartman
6. *Mother's Maiden Name,* Emaley M. Reynen
7. *Mother's Birthplace,* Bridge Port P.A.
8. *Full Name of Father,* Theodore August Hartman
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mr. S. Kelley

Address, No 1722 Wilkins Ave

Remarks,

1 8 9 5 0 0 0 7 3 6 2

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health, in the case the birth of any child shall occur without the attendance of a physician or practitioner it shall become the duty of the person or parents of such child to report the same to the Commissioner of Health, in the manner and within the time specified, and attendance upon the mother, connected with the birth of a child, shall be sufficient to report the birth of such child, and any person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70018

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Nd

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 9 th. 1895
4. Place of Birth, (Street and Number) 1717 Byrd st
5. Full Name of Mother, Barbara Dreyer
6. Mother's Maiden Name, Beck
7. Mother's Birthplace, Germany
8. Full Name of Father, Georg Dreyer
9. Father's Occupation Workmann
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Caroline Schmartz

Address, 48 Fort ave

Remarks,

1 8 9 5 0 0 0 7 3 6 3

been conferred) its sex, color, the full name and occupation of its parents, its place of birth, the time of birth, the number of the child of the mother, and the place of residence of the parents, in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such household where such birth shall occur, and in the manner and within the time specified, and such person or persons who shall have charge of such child shall be required, and child to report its birth to the Commissioner of Health, and to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70019

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 9th 1895
4. Place of Birth, (Street and Number) 1025 Fort ave
5. Full Name of Mother, Emma Klatch
6. Mother's Maiden Name, Kreighling
7. Mother's Birthplace, Germany
8. Full Name of Father, Paul Klatch
9. Father's Occupation Workmann
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Caroline Schwartz

Address, 434 E. Fort. ave.

Remarks,

1895 0007364

been conferred) its sex, color, the full name and occupation of its parents, the date and place of its birth, and the said check of each and every month to the office of the Commissioner of Health, or should no other person be in this city, or if the mother or father be absent from the city, or be sick or incapacitated, the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above recited, and shall occur without the attendance of a physician, or if the child be born out of the city, the duty of the person or parents of such child shall become the duty of the person or persons who shall have charge of the mother at the time of the birth, and attendance upon the mother, immediately thereafter, to report the birth to the Commissioner of Health, in the manner and within the period above recited, and any and every person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other debts and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70020

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 7. 1895
4. Place of Birth, (Street and Number) 1289 Battery Ave
5. Full Name of Mother, Mary Loring Friese
6. Mother's Maiden Name, Germany
7. Mother's Birthplace, Otto Loring
8. Full Name of Father, Baker
9. Father's Occupation Germany
10. Father's Birthplace, Carolina Schwartz

Name of Medical Attendant, or other person who makes this Return. 434 E Fort ave

Address,

Remarks,

1895 0007365

shall occur without the attendance of a physician or practicioner or midwife, the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above recited, and upon the mother, Commissioner of Health, in the manner and within the period above recited, and any such person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70021

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 th

1. Sex, (state whether male or female) male.
2. Race or Color, (if not of the white race)
3. Date of Birth, 9th November 1895
4. Place of Birth, (Street and Number) 1213. Hare street
5. Full Name of Mother, Johana Banachefski
6. Mother's Maiden Name, Buss.
7. Mother's Birthplace, Germany
8. Full Name of Father, Frank Banachefski
9. Father's Occupation Labor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Chas. P. Liessemann

Address, 1208 Hare street.

Remarks,

1895 00023 6

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the registrar of vital statistics, in the city of Baltimore, or in the county, to the commissioner of health. In case the attendance of a physician or other person be in attendance at the birth of any child, the person or persons attending shall become liable, within the period above specified, to the penalties hereinafter imposed, if he or they shall neglect or refuse to make such return, and if such birth shall occur without the mother, immediately on the birth of the child, the person or persons in charge of the mother, immediately on the birth of the child, shall be subject to the penalties hereinafter imposed, if he or they shall neglect or refuse to make such return. Any person who shall be subject to the fine of ten (10) dollars for each offence, to be recovered, as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 70022

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 9th day of November 1895
4. *Place of Birth, (Street and Number)* 2415 Frances Street
5. *Full Name of Mother,* Louie May McMullen
6. *Mother's Maiden Name,* Robinson
7. *Mother's Birthplace,* Carroll County, Maryland
8. *Full Name of Father,* Walton Davis McMullen
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Cecil County, Maryland

Name of Medical Attendant, or other person who makes this Return: Dan'l [illegible] M.D.

Address,

Remarks, 704 N. Gilmor Street

1895008736 7

...ism contrary) is sex, color, legitimacy, occupation of the parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, or midwife, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. A. G. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 70023

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 9, 1895
4. Place of Birth, (Street and Number) 905 N Fremont Ave
5. Full Name of Mother, Mrs Rebecca Elmira Guest
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Md
8. Full Name of Father, Geo M. Guest
9. Father's Occupation Paper Hanger
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, E. E. Ullman

Address, Lucin Ag

Remarks,

1 0 7 5 0 0 0 7 3 6 8

Wm. J. C. Dulany Co., City Printers and Stationers.

Each confinement is sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case of birth of any child shall occur without the attendance of a physician or midwife, or if there be no other person to be in attendance upon the mother, the mother shall become the duty of the person or parents of such child to report to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70024

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 9th
4. *Place of Birth, (Street and Number)* 117 N Mount St
5. *Full Name of Mother,* Mrs Annie Maitland Powers
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Jno H Powers
9. *Father's Occupation,* Capt Fire Patrol BPD
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, E. D. Ullrich MD

Address, Lemmon Sq

Remarks,

1 8 9 5 0 0 3 7 3 6 9

been completed, its sex, color, the full name and occupation of its parents, the date and place of birth, and the name of the attending physician or other person who shall have been present at the birth, in the form of a certificate between the first and tenth days of each and every month to the office of the Commissioner of Health. In case the child shall be delivered, duly signed by the physician or other person who shall have been present at the birth, in the manner and within the period above required, and shall occur without the attendance of a physician or midwifery, or the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, the person or persons who shall have been in charge of such child to report the birth to the Commissioner of Health, shall be required to comply with the provisions of this section, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70025

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 9th
4. *Place of Birth, (Street and Number)* 227 E Monroe
5. *Full Name of Mother,* Mrs Alice Mary Koch
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Chas Koch
9. *Father's Occupation* Bar Tender
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, E. E. Ellwin

Address, Lemmon Sq

Remarks,

1895000 7370

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70026

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 child

1. Sex, (state whether male or female) single
2. Race or Color, (if not of the white race) White
3. Date of Birth, month 21 day 15 year 95
4. Place of Birth, (Street and Number) 5 x 13 Richard ave hampden
5. Full Name of Mother, Minnie G Morgan
6. Mother's Maiden Name, satan
7. Mother's Birthplace, Baltimore County
8. Full Name of Father, William Jr Morgan
9. Father's Occupation Machinist
10. Father's Birthplace, Medford North ~~Carolina~~ carolina

Name of Medical Attendant, or other person who makes this Return, Martha E King

Address, 5 75 Richard ave

Remarks.

Baltimore

1895 00073

Wm. J. C. Dulany Co., City Printers and Stationers.

Any person who shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above prescribed, and any whether male or female, who shall hereafter fail to comply with the provisions of this section, shall be and Jeckel to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 70027

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (State whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* Nov. 9th 1905
4. *Place of Birth, (Street and Number)* 1214 Jefferson
5. *Full Name of Mother,* Agnes Filar
6. *Mother's Maiden Name,* Agnes Lerner
7. *Mother's Birthplace,* Austria Russia
8. *Full Name of Father,* Wolf Filar
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. Howard C. Silver

Address, No 27 E. Fayette St.

Remarks,

1895000737 2

In case of a sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, then it shall be the duty of the parent, or parents, or person having charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. B. BULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 700 28

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* November 9, 1895.
4. *Place of Birth, (Street and Number)* 521 Oliver Place.
5. *Full Name of Mother,* Rebecca Jeannet.
6. *Mother's Maiden Name,* Lilot.
7. *Mother's Birthplace,* Pa.
8. *Full Name of Father,* Constant Jeannet.
9. *Father's Occupation* Clerk.
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return, Christ. Mitchell M.D.

Address, 29 Chesnut ave.

Remarks,

1895 0007373

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said above shall be delivered, by the person in charge of the house, or the attendant, or the parent, or the nearest relative, or some other person, in the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person, or parents of such child to report its birth to the Commissioner of Health, within twenty-four hours after the birth, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 70029

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 9 95.

4. Place of Birth, (Street and Number) 600 E. Chase St.

5. Full Name of Mother, Annie H. Gough

6. Mother's Maiden Name, " " Comer

7. Mother's Birthplace, Virginia

8. Full Name of Father, Wm. J. Gough

9. Father's Occupation Carpenter

10. Father's Birthplace, Centreville Md.

Name of Medical Attendant, or other person who makes this Return, W B Rezin MD

Address, 700 E. Chase St.

Remarks,

1095909874

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, the Commissioner of Health, in the manner and within the period above required, and child to report the same to the Commissioner of Health, in the manner and within the period above required, and any and every person who shall hereafter fail to comply with the provisions of this section shall be recoverable, jointly or severally, by the Commissioner of Health, in the name of the City of Baltimore, in an action of debt, as other fines and forfeitures are recoverable, in the sum of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 2-21-56

RETURN OF A BIRTH. 70030

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Allen Bernard Lawrence 3d Fisher

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 9 1895
4. Place of Birth, (Street and Number) 1330 S. Charles St
5. Full Name of Mother, Rosalie Fisher
6. Mother's Maiden Name, Rosalie Fost
7. Mother's Birthplace, Howard county Md
8. Full Name of Father, Charles F. Fisher
9. Father's Occupation, Mechanic
10. Father's Birthplace, Norfolk Va

Name of Medical Attendant, or other person who makes this Return, Ellenora A. Anderson

Address, 1434 Patapsco St

Remarks,

1 6 7 5 0 0 0 7 3 7 5

Any person who shall cause or permit the birth of any child to occur without the attendance of a physician or practitioner of medicine, midwife, or other person legally authorized to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70031

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 10th 1895.
4. Place of Birth, (Street and Number) 802 W. Franklin St.
5. Full Name of Mother, Emma H. Lyson
6. Mother's Maiden Name, Emma H. Forbender
7. Mother's Birthplace, Baltimore, Md
8. Full Name of Father, Walter J. Lyson
9. Father's Occupation, Shirtcutter
10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return, Wm. M. Panebaker, M.D.

Address, 1115 Linden Ave, Balto, Md.

Remarks,

8 9 5 0 0 0 7 3 7 6

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 70V62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ninth (9th)

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, November 10th, 1895

4. Place of Birth, (Street and Number) 830 W. North Ave.

5. Full Name of Mother, Margaret Yakel Burkamp

6. Mother's Maiden Name, Baltimore, Md.

7. Mother's Birthplace, Louis Yakel

8. Full Name of Father, Druggist

9. Father's Occupation, Baltimore, Md.

10. Father's Birthplace, Louis W. Knight

Name of Medical Attendant, or other Person who makes this Return 320 N. Greene St.

Address,

Remarks, 1895 0 0 1 3 7 7

Each and every schedule shall be delivered to the parents, the day next preceding the birth, and the third day thereafter, in the form of a certificate, between the hours of 10 A.M. and 4 P.M., duly signed by the Board of Health, midwives, or other person in attendance at the birth, and shall be delivered to the parents of such child to receive the signature of a magistrate thereof. In the event, and should the parent or parents be unable to procure the signature of a magistrate, or of a practitioner, they become the within the period above specified, shall be subject to a fine of two dollars for each offence, to be recovered or other fines as I prescribed are reservable.

Copy of the birth, and the said schedule shall be delivered to the parents, the day next preceding the birth, and the third day thereafter, in the form of a certificate, between the hours of 10 A.M. and 4 P.M., duly signed by the Board of Health, midwives, or other person in attendance at the birth, and shall be delivered to the parents of such child to receive the signature of a magistrate thereof. In the event, and should the parent or parents be unable to procure the signature of a magistrate, or of a practitioner, they become the within the period above specified, shall be subject to a fine of two dollars for each offence, to be recovered or other fines as I prescribed are reservable.

any person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to a fine of two dollars for each offence, to be recovered or other fines as I prescribed are reservable.

RETURN OF A BIRTH. 70033

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* on the 10-18-95
4. *Place of Birth, (Street and Number)* Tharmison st No 2003
5. *Full Name of Mother,* Louisa miller
6. *Mother's Maiden Name,* Louisa mall
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Geo H. miller
9. *Father's Occupation* Painter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. S. Kelley

Address, No 19-22 Wilkinson Ave

Remarks,

1895000737 8

...on contained) his sex, color, the full name and occupation of the parents, the date and place of birth, and the name of the child, if any, shall be delivered, duly signed by the physician or midwife, or other person, to the Registrar of Vital Statistics, at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the parents of such child, or some person in the house, to give notice of the birth in manner and within the period above specified; and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70034

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 10 November 1895
4. *Place of Birth, (Street and Number)* 248 Register St
5. *Full Name of Mother,* Lidie Larson
6. *Mother's Maiden Name,* Lidie Frank
7. *Mother's Birthplace,* Baltimore MD
8. *Full Name of Father,* John Larson
9. *Father's Occupation* Sailor
10. *Father's Birthplace,* Baltimore MD

Name of Medical Attendant, or other person who makes this Return, Ellen Smith

Address, 504 S Washington St

Remarks,

1095007379

Wm. J. C. Dulany Co., City Printers and Stationers.

Any person who shall make a false or fraudulent return of a birth, or who shall neglect or refuse to make such return, or who shall neglect or refuse to make a return of the sex, race or color, date of birth, place of birth, full name and occupation of the parents, the date and place of birth and the number of the child of the mother, shall be prosecuted, and upon conviction, shall be fined not less than five dollars nor more than twenty dollars for each offence. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the parents of such child to report the birth to the Commissioner of Health, in the period above specified, and any such person or persons who shall thereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70035

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Nov 10 – 1895
4. *Place of Birth, (Street and Number)* 126 S. Register St.
5. *Full Name of Mother,* Annie Miller
6. *Mother's Maiden Name,* Kennedy
7. *Mother's Birthplace,* Westminster Md
8. *Full Name of Father,* Charles Louis Miller
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Pratt St

Remarks,

189500007380

said schedule shall be delivered duly signed by the practitioner in the form and manner herein prescribed, or be transmitted by mail, addressed as aforesaid, within the time between the first and third day of each and every month to the office of the commissioner of health. Failure to report the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above specified, and any such person or persons who shall neglect or fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70036

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Nov 10 95
4. Place of Birth, (Street and Number) 1640 South Charles Street
5. Full Name of Mother, Teresa Rudolph
6. Mother's Maiden Name, " Eberhart
7. Mother's Birthplace, Virginia
8. Full Name of Father, Joseph Rudolph
9. Father's Occupation Hour
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Geo. C. Tobin M.D.

Address, The Johns Hopkins Hospital.

Remarks,

1895 00 07381

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 70037

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, ~~2d, 3d, &c.~~) .....

1. *Sex*, (~~*state whether male or female*~~) .....
2. *Race or Color*, (~~*if not of the white race*~~) .....
3. *Date of Birth*, Nov. 10 - 1895
4. *Place of Birth*, (*Street and Number*) 1420 Bolton
5. *Full Name of Mother*, Ella Hughes
6. *Mother's Maiden Name*, Ella Bird
7. *Mother's Birthplace*, Baltimore
8. *Full Name of Father*, Willard E. Hughes
9. *Father's Occupation*, Merchant
10. *Father's Birthplace*, Va

Name of Medical Attendant, or other person who makes this Return, Thos. J. Latimer

Address, 211 W. Monument

Remarks, Instrumental, Chloroform.

Mother & child well.

1895 0 0 7 2 8 2

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician or practitioner of midwifery, or should no other person be in attendance, then the mother, if able, shall be required to make the return of such birth, and if any such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 70038

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 10/95
4. *Place of Birth, (Street and Number)* 2208 E. Fayette Str.
5. *Full Name of Mother,* Annie Deichelmann
6. *Mother's Maiden Name,* Way
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* August Deichelmann
9. *Father's Occupation* Printer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Deisenhofer

Address, 2225 Gough Str.

Remarks,

1895 00073 33

said schedule shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and third day of each and every month, to the Commissioner of Health, or shall be left at the office of such Commissioner within the aforesaid period, or should no other person be in attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above recited, and any such person or persons who shall have failed to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70039

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Aug 9 = 10-95
4. Place of Birth, (Street and Number) Baltimore Md 1136 W Pratt
5. Full Name of Mother, Francis Roberta Everhart
6. Mother's Maiden Name, Gemma Rose Wemple
7. Mother's Birthplace, Culpeper Co Virginia
8. Full Name of Father, Joseph Wesley Everhart
9. Father's Occupation, Switch mother & Leveller
10. Father's Birthplace, Glengary Berkeley Co W Va

Name of Medical Attendant, or other person who makes this Return, Max Bunge

Address, 711 Kerwin St

Remarks,

1895 0 0 7 3 8 4

Wm. J. C. Dulany Co., City Printers and Stationers.

Said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the hours of 8 and 10 A. M. to the office of the Commissioner of Health, at the place on the first and third days of each and every month to the office of the Commissioner of Health; and should no other person be in attendance upon the mother, immediately after the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report the same to the Commissioner of Health, in the manner and within the period above required; and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70040

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* Nov 10
4. *Place of Birth, (Street and Number)* 647 Bower st Baltimore Md
5. *Full Name of Mother,* Emma Booth
6. *Mother's Maiden Name,* Emma Gaisor
7. *Mother's Birthplace,* Washington
8. *Full Name of Father,* Theador Booth
9. *Father's Occupation.* work in Lumber Yard
10. *Father's Birthplace,* Calvert County Md

Name of Medical Attendant, or other person who makes this Return. Mrs Myers

Address, ~~[illegible]~~ st 1022 Bradley

Remarks,

1895 0007385

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall be the duty of any person in attendance upon the mother, immediately thereafter (if shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 70041

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Nov. 10, 1895.

4. Place of Birth, (Street and Number) 1913 N Fulton Ave.

5. Full Name of Mother, Clara A. Weech

6. Mother's Maiden Name, " Ashley

7. Mother's Birthplace, D. C.

8. Full Name of Father, Robt. W. H. Weech

9. Father's Occupation Clergyman

10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, G. Lane Taneyhill

Address, 1103 Madison Ave

Remarks,

15950007386

been [illegible]) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 70042

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ist Living B.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Geboren 10 November 1895
4. Place of Birth, (Street and Number) Thames st N 610
5. Full Name of Mother, Rozela Lechert
6. Mother's Maiden Name, Wechen
7. Mother's Birthplace, Poland
8. Full Name of Father, Jan Kowalski
9. Father's Occupation Dieland
10. Father's Birthplace, Plaid

Name of Medical Attendant, or other person who makes this Return, Agnes Hadolina

Address, Thames st N 610

Remarks, Ist yet

1 8 9 5 0 0 0 7 3 0 7

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70043

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Born Nov. 10, 1895.
4. Place of Birth, (Street and Number) 607 W. Baltimore St.
5. Full Name of Mother, Rosey Lieman
6. Mother's Maiden Name, Rosey Liegutenberg
7. Mother's Birthplace, Russia
8. Full Name of Father, Benin Lieman
9. Father's Occupation, Clothing Store
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. Mrs. Lena Warley

Address, 210 E. York & East Balto.

Remarks,

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth occurred in the absence of a physician or practitioner of midwifery, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70044

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 3d

1. *Sex*, (*state whether male or female*) Male
2. *Race or Color*, (*if not of the white race*) White
3. *Date of Birth*, Nov 10 1855
4. *Place of Birth*, (*Street and Number*) 30 Jackson st Homewood
5. *Full Name of Mother*, Libbie Forster
6. *Mother's Maiden Name*, Barnett
7. *Mother's Birthplace*, Md
8. *Full Name of Father*, James F Forster
9. *Father's Occupation* Laborer
10. *Father's Birthplace*, Md

Name of Medical Attendant, or other person who makes this Return, G W Young M.D.

Address, 237 Cordelia Avenue

Remarks.

1 8 7 5 0 0 0 7 3 8 9

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in the manner and within the period above required, and shall occur without the other, shall be liable, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70045

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 16 1895
4. Place of Birth, (Street and Number) 867 Reinhardt Street
5. Full Name of Mother, Mary Lange
6. Mother's Maiden Name, " Jirka
7. Mother's Birthplace, Germany
8. Full Name of Father, Joseph Lange
9. Father's Occupation Cabinet Maker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Barnes

Address, 711 Travis Street

Remarks,

1895000 7390

Wm. J. C. Dulany Co., City Printers and Stationers.

Note.—Upon receipt of this return, the date and place of birth, and the sex, color, the full name and occupation of the parents, the state and place of birth, and the number of the child of the mother, shall be entered in the form of a certificate to be kept in the first and second schedule shall be delivered, only to the office of the commissioner of health. In case there is no other person to be found, the return shall be signed by the practitioner of midwifery, or the person or parents of such child, and shall be delivered, only to the office of the commissioner of health. In the case of twins, no other person be in attendance at the birth of such twins, shall be required to make a separate return of the birth of each such child. The return shall be made within the period above specified, and third day of each and every week, or oftener if it shall become necessary, and shall be subscribed by the person or persons making the same, and shall be delivered, only to the office of the commissioner of health. In the case of twins, no other person be in attendance at the birth of such twins, shall be required to make a separate return of the birth of each such child. The return shall be made within the period above specified, and shall occur without the mother, immediately after the birth, in the with the provisions of this section, shall be subject to a penalty of twenty dollars for each offence, to be recovered as other fines and forfeitures are recoverable. Any such person or persons who shall neglect or refuse to make the return of the birth of any child as aforesaid, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70046

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7. Child

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White Race
3. Date of Birth, Born Nov 10th 1895
4. Place of Birth, (Street and Number) # 951 Fulton St
5. Full Name of Mother, Mrs. Nornette Dietrich
6. Mother's Maiden Name, Miss " Vogelman
7. Mother's Birthplace. Schwabel Germany
8. Full Name of Father, Mr. Gottlieb Dietrich
9. Father's Occupation Labor
10. Father's Birthplace, Schwaben, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Miller

Address, # 2008 N. Henry St.

Remarks,

1895 0007391

Wm. J. C. Dulany Co., City Printers and Stationers.

Any person or persons who shall have in his or her possession any blank form of a certificate between the 1st and 3rd day of each and every month to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, and whoever shall neglect or refuse to comply with the provision of this section shall be and shall be deemed to be guilty of a misdemeanor, and shall be liable to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70047

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 the

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, ~~1441 Cookie St~~ 10 November 1895
4. Place of Birth, (Street and Number) 1441 Cookie St
5. Full Name of Mother, Elisabethe Leist
6. Mother's Maiden Name, Elisabethe Becher
7. Mother's Birthplace, Germania
8. Full Name of Father, Wilhelm Leist
9. Father's Occupation, Tiner
10. Father's Birthplace, Germania

Name of Medical Attendant, or other person who makes this Return, Mrs. Ettel

Address, No 1619 Eutaw St

Remarks,

1 8 9 5 0 0 0 7 3 9 2

Wm. J. C. Dulany Co., City Printers and Stationers.

Each case shall be registered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health, Baltimore City, and in default thereof, or should no other person be in attendance upon the mother, immediately after the birth of any child, or should no other person be in attendance upon the mother, immediately after the birth of any child, the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70048

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* November 10th 1895
4. *Place of Birth, (Street and Number)* 1218 Barnard st
5. *Full Name of Mother,* Mary Daniel
6. *Mother's Maiden Name,* Mary Holly
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Robert Daniel
9. *Father's Occupation* Coachman
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, Amelia Johnson,

Address, 1024 Park Ave,

Remarks,

1895000739 3

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate herein, to the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70049

CERTIFICATE CORRECTED

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: William ~~Robert~~ Myers

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d child

1. Sex, (state whether male or female) Male (~~Female~~)
2. Race or Color, (if not of the white race) White
3. Date of Birth, Oct. 26, 1895 (~~Aug 14, 1895~~)
4. Place of Birth, (Street and Number) 185 Hanover St
5. Full Name of Mother, Kate (~~Mary~~) Myers
6. Mother's Maiden Name, Kate Hilbert
7. Mother's Birthplace, Balto
8. Full Name of Father, George (~~Jacob~~) Myers
9. Father's Occupation Boatmaker
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Dr. R. Lopske

Address, 213 E. Heath St

Remarks, Hang Well

1 8 9 5 0 0 0 7 3 9 4

said check is shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health, a record of every birth of any child shall occur within the preceding month, and if any physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of twenty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70050

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 11 1895
4. *Place of Birth, (Street and Number)* #2840 W Lanvale St.
5. *Full Name of Mother,* Helen Kerns
6. *Mother's Maiden Name,* Helen MacClelland
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Barry Kerns
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. E. Lorne Bonwick M.D.

Address. #2441 Cooper Av.

Remarks.

and necessary shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month, to the Clerk of the Board of Health, in the city of Baltimore, on blanks furnished by said Board. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should it be otherwise impossible to secure the attendance upon the mother, immediately thereafter it shall become the duty of the person or persons in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and under oath or affirmation, and shall be entitled to receive the fee allowed by law for such service. Any person or persons who shall have offended against the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered, as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70051

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* 11. November
4. *Place of Birth, (Street and Number)* N. 404. Washington Street.
5. *Full Name of Mother,* Laura Brockschmidt.
6. *Mother's Maiden Name,* Laura Buck
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* William Brockschmidt.
9. *Father's Occupation* Painter.
10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other person who makes this Return, Mary Kloss.

Address, 1. 9. Hope. Street.

Remarks,

5950007396

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been born alive,) its sex, color, the full name and occupation of its parents, the date of each birth, (if any shall have been born alive,) and the third day of each and every month in the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or if the person or parents of such child shall neglect or refuse to make the return required by this section, the duty of the person or parents of such child to make the return shall devolve upon the mother, immediately thereafter it shall become the duty of the person in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to make the return required by this section, and within the period above required, and any such person or persons who shall neglect or refuse to make such return shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70052

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First - John Earl Feathers

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 11th 1895
4. Place of Birth, (Street and Number) 1610 Mt Hanny St
5. Full Name of Mother, Mollie Feathers
6. Mother's Maiden Name, Schafer
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, William Feathers
9. Father's Occupation Brakeman B&O R.R.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, John Neff

Address, 709 N Carrollton Ave

Remarks, Name added 1/6/96 by John Earl Feathers

18950 John Earl Feathers Ow

Wm. J. C. Dulany Co., City Printers and Stationers.

Sec. 8. Any title shall be delivered, duly signed by the practitioner in the form of a certificate between the first and the third day of such delivery, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, the office of the person having charge of such attendance upon the mother, immediately thereafter it shall be the duty of such person to make report of the birth to the Commissioner of Health, in the manner and within the period of such report be in any such case, the person so neglecting shall forfeit and pay a fine of five dollars, and shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70053

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* —
3. *Date of Birth,* Nov 11/95
4. *Place of Birth, (Street and Number)* No 623 Dimling court
5. *Full Name of Mother,* Francis Kircher
6. *Mother's Maiden Name,* Grebner
7. *Mother's Birthplace,* Balti
8. *Full Name of Father,* John Kircher
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Balti

Name of Medical Attendant, or other person who makes this Return, Mrs L. Gross.

Address, No 1907 E Monument St

Remarks,

1 8 9 5 0 8 7 3 9 8

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person or persons in such attendance upon the mother, immediately thereafter, to report the fact to the Commissioner of Health, and such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70054

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Herman Luther 2d Frentz

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 11 - 1895
4. *Place of Birth, (Street and Number)* 425 N Gilmor St
5. *Full Name of Mother,* Carrie Mabel Frentz
6. *Mother's Maiden Name,* Carrie Mabel
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James E Frentz
9. *Father's Occupation,* Book Keeper
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Robert K Kneas Md

Address, 220 N Gilmor St

Remarks, GIVEN NAME ADDED 5-18-54 L.M.

1895000 7529

Sec. 1. Be it ordained, that the name and occupation of the parents, the date and place of birth, the sex, color, &c., of each child born within the City of Baltimore, shall be reported to the Registrar of Vital Statistics, by the attending physician or midwife, or, if there be no such attendant, by the father or mother of such child, within twenty-four hours after the birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of certificate hereinafter prescribed, to the officer whose duty it may be to receive the same, at least once every month in the office of the Commissioner of Health. In case of the absence of such attendance upon the mother, the physician or practitioner of midwifery, or should no other person be in attendance upon the mother, the duty of reporting the birth shall devolve upon the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. BULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 70055

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10. Child

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White Race
3. Date of Birth, Born Nov 11th 1895
4. Place of Birth, (Street and Number) # 321 Payson, St.
5. Full Name of Mother, Mrs., Mary Schmitt
6. Mother's Maiden Name, Miss, " Young
7. Mother's Birthplace, Balto City
8. Full Name of Father, Mr. John Schmitt
9. Father's Occupation Butcher
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return. Mrs. Miller

Address, # 2008 Mc Henry St

Remarks.

1 3 9 5 0 0 0 7 4 0 0

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] said delivery, duly signed by the practitioner in the form of a certificate between the first and third days of each month, to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above prescribed, and any such person or parents who shall neglect or refuse to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70056

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th. Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 11th. 95
4. *Place of Birth, (Street and Number)* 1172 Columbia ave City
5. *Full Name of Mother,* Christina Rehmert
6. *Mother's Maiden Name,* " Harman
7. *Mother's Birthplace,* Amity st City
8. *Full Name of Father,* Daniel G. R. Ehmert
9. *Father's Occupation* House Painter
10. *Father's Birthplace,* 720 N. E. Henry st City

Name of Medical Attendant, or other person who makes this Return. Mrs. Bangs

Address, 711 Carroll

Remarks,

1 3 9 5 0 0 0 7 4 0 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70057

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 14th
4. *Place of Birth, (Street and Number)* 317 N. Arlington Ave
5. *Full Name of Mother,* Rosa B. ~~Murphy~~ Busch.
6. *Mother's Maiden Name,* " " Murphy
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Joseph Busch
9. *Father's Occupation* Plumber
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs Minnie Graf

Address, 206 N. Schroder St

Remarks,

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period prescribed by law; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for such offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70058

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Nov 11-95
4. *Place of Birth, (Street and Number)* 2330 Jefferson St
5. *Full Name of Mother,* Julia Medinger
6. *Mother's Maiden Name,* " Mangold
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Harry Medinger
9. *Father's Occupation* Bar Tender
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Mary C. Allwell

Address, 1838 N Bond St

Remarks,

1895000 7403

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] sex, color, [illegible] name and occupation of a person, [illegible] certificate between the first and third day of each and every month to the office of the Commissioner of Health, and should no other person be in said schedule shall be delivered, duly signed by the practitioner in charge of such birth, or other person who shall have been in attendance immediately thereafter. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70059

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) first

1. *Sex*, (*state whether male or female*) Female
2. *Race or Color*, (*if not of the white race*) White
3. *Date of Birth*, 11 November
4. *Place of Birth*, (*Street and Number*) Baltimore 514 Barrett
5. *Full Name of Mother*, Theresa Cress
6. *Mother's Maiden Name*, Theresa Wiegand
7. *Mother's Birthplace*, Baltimore
8. *Full Name of Father*, John Cress
9. *Father's Occupation* Driver
10. *Father's Birthplace*, Germany

Name of Medical Attendant, or other person who makes this Return. Wm Barger

Address, 1480 Ward St

Remarks,

1895000740 4

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70060

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 1

1. *Sex*, (*state whether male or female*) Girl
2. *Race or Color*, (*if not of the white race*) White
3. *Date of Birth*, 11 November
4. *Place of Birth*, (*Street and Number*) S. Bond st. 5 8
5. *Full Name of Mother*, Mary Kedzior
6. *Mother's Maiden Name*, Polczynsky
7. *Mother's Birthplace*, Pole
8. *Full Name of Father*, Stanislaw Kedzior
9. *Father's Occupation* Workman
10. *Father's Birthplace*, Pole

Name of Medical Attendant, or other person who makes this Return.

Address, S. Bond st. 835

Remarks, Mary Brett

1895000 7405

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed, to the Commissioner in the form of a certificate between the first and third day of each and every month; and if any person shall fail to report the birth of any child within the time and in the manner and within the period above required, and shall forthwith upon the mother, immediately thereafter, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and shall neglect or refuse to comply with the provisions of this section, shall be and is hereby subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70061

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov. 4th 1895
4. *Place of Birth, (Street and Number)* Thames Sts. 1313
5. *Full Name of Mother,* Rosa Badrinski
6. *Mother's Maiden Name,* " Laskowack
7. *Mother's Birthplace,* Poland
8. *Full Name of Father,* Joseph Badrinski
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Poland

Name of Medical Attendant, or other person who makes this Return, Mary Krozka

Address, 602 L. S. Blvd

Remarks,

0950007406

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the parents or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be, and is hereby subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70062

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex, (state whether male or female).* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 11 Nov 1895
4. *Place of Birth, (Street and Number)* 1113 Robison
5. *Full Name of Mother,* Annie
6. *Mother's Maiden Name,* Muller
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Frank Schlotmeller
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. E Jordan M.D.

Address, 1114 Thropsbe St

Remarks.

1895030 7407

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70063

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 5

1. *Sex*, (*state whether male or female*) Female
2. *Race or Color*, (*if not of the white race*)
3. *Date of Birth*, Nov 18, 95
4. *Place of Birth*, (*Street and Number*) 1629 Orleans St
5. *Full Name of Mother*, Annie Muller
6. *Mother's Maiden Name*, " Funk
7. *Mother's Birthplace*, Germany
8. *Full Name of Father*, Robert C. Muller
9. *Father's Occupation* Saloon Keeper
10. *Father's Birthplace*, Germany

Name of Medical Attendant, or other person who makes this Return, Caroline Muller

Address, 1605 Walker St

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

1895 0007 8 8

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. Should no other person be in attendance at the birth of any child, the person who shall first make the return of the birth of such child to report it to the Commissioner of Health, in the manner and within the period above prescribed, and any such report or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

shall schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and the third day of each and every month to the office of the Commissioner of Health. In case of twin or triplets the first and shall occur without the attendance of a practitioner or midwifery, or should no other person of any child attendance upon the mother, immediately thereafter, fail within twenty-four hours after birth to report such birth to the Commissioner of Health, in the manner and with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70064

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. ~~*Race or*~~ *Color, (if not of the white race)*
3. *Date of Birth,* Nov 11th 95
4. *Place of Birth, (Street and Number)* 1320 Pressman Crt
5. *Full Name of Mother,* Emma Davis
6. *Mother's Maiden Name,* Emma Smith
7. *Mother's Birthplace,*
8. *Full Name of Father,* Walter Davis
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Wilmington Del

Name of Medical Attendant, or other person who makes this Return, Casper D. Jones

Address,

Remarks,

1 8 7 5 0 0 0 7 4 0 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70065

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2-d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Nov 1 95
4. *Place of Birth, (Street and Number)* 1624 Walker St
5. *Full Name of Mother,* Ellen Fitzgerald
6. *Mother's Maiden Name,* Sandford
7. *Mother's Birthplace,* Halifax Nova Scotia
8. *Full Name of Father,* John Fitzgerald
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Boston Mass.

Name of Medical Attendant, or other person who makes this Return, Caroline Muller

Address, 1605 Walker St

Remarks,

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate herein, within the first and third day of each and every month to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City. If the birth of any child shall occur without the presence of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above prescribed, and any such person or persons who shall neglect or refuse to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered, as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70066

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 12th 95
4. Place of Birth, (Street and Number) 301 E. Fremont Av.
5. Full Name of Mother, Cora V. Gorbig
6. Mother's Maiden Name, Cora V. Deaven
7. Mother's Birthplace, Balto.
8. Full Name of Father, John Gorbig
9. Father's Occupation Sawyer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. Joseph Blum

Address, 1631 Eutaw St.

Remarks,

1.8950087411

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71067

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Nov 12th /95

4. *Place of Birth, (Street and Number)* Hoffman St & Linden Ave

5. *Full Name of Mother,* Margaret Rayner

6. *Mother's Maiden Name,* Margaret Coulter

7. *Mother's Birthplace,* Balto.

8. *Full Name of Father,* Wm Rayner

9. *Father's Occupation* Lawyer

10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, S. R. B. Batchelor, MD

Address, 1807 N. Charles St

Remarks,

1 8 9 5 0 0 0 7 4 1 2

been concerned) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70068

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 12 Nov 1895
4. *Place of Birth, (Street and Number)* 15 Baldwin Ave
5. *Full Name of Mother,* Minnie Mosher
6. *Mother's Maiden Name,* Reader
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Mosher
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm D Brown

Address,

Remarks.

1695 0 0 3 4 1 8

Wm. J. C. Dulany Co., City Printers and Stationers.

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, it shall be the duty of the person or persons in attendance upon the mother, immediately after the birth, to report the birth to the Commissioner of Health, in the manner and within the period above required, and such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70069

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) C

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan the 12. 18-95
4. *Place of Birth, (Street and Number)* Pratt st No 1721
5. *Full Name of Mother,* Elizabeth Shannahan
6. *Mother's Maiden Name,* Elizabeth McGlocklin
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Shannahan
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Miss J Kelly

Address, No 1922 Wilkins Ave

Remarks,

1895007414

Wm. J. C. Dulany Co., City Printers and Stationers.

For penalty, see Sec. 1, Code, relating to marriage, the occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or the same shall be not in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CERTIFICATE RECEIVED 7-19-16

RETURN OF A BIRTH. 70070

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Carroll Henry ~~Geldmacher~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 12 1896
4. Place of Birth, (Street and Number) 1411 Bank St
5. Full Name of Mother, Lizzie ~~Gelmacher~~ (Geldmacher)
6. Mother's Maiden Name, Lizzie Gertrude
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frederick ~~Gelmacher~~ (Geldmacher)
9. Father's Occupation, Painter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm H. Cragg

Address, 2221 E Baltimore St

Remarks, Balto City

1895 0007415

Wm. J. C. Dulany Co., City Printers and Stationers.

Sec. 1. Be it ordained by the Mayor and City Council of Baltimore, that the parents, the date and place of birth and the sex, color, and name and occupation of the parents, the date and place of birth and the sex and color of every child born within the City of Baltimore, shall be recorded by the first person who shall attend such birth, or shall have knowledge of such birth, in a book to be provided for the purpose by the Commissioner of Health, and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the parents of such child to report the birth to the Commissioner of Health, in manner and within the period required of such person or persons who should first have been in attendance. Sec. 2. Be it ordained, that any person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 7-6-55

RETURN OF A BIRTH. 70071

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

John Martin Gunning

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Nov 12 - 95.
4. Place of Birth, (Street and Number) 1411 N. Charles St.
5. Full Name of Mother, Agnes C Gunning
6. Mother's Maiden Name, " " Marlatt.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Jno J. Gunning
9. Father's Occupation Merchant
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, W B Reese MD

Address,

Remarks.

said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health; or, should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and such schedule shall be delivered, duly signed by the person who shall have so reported the birth, to the Commissioner of Health; any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70072

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Nov — 12 — 95
4. *Place of Birth, (Street and Number)* 1718 E. Chase St
5. *Full Name of Mother,* Annie L. Klug
6. *Mother's Maiden Name,* " " Hardesty
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Charles J. Klug
9. *Father's Occupation* Bartender
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Mary A. Allwell

Address, 1438 N. Bond St

Remarks,

1895000741 7

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be a [illegible] duly signed by the practitioner in lieu of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70073

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* nov. 12
4. *Place of Birth, (Street and Number)* 5 W. West st
5. *Full Name of Mother,* Lizzie Miller
6. *Mother's Maiden Name,* Lizzie Latch
7. *Mother's Birthplace,* Balt
8. *Full Name of Father,* William Miller
9. *Father's Occupation,* iron worker
10. *Father's Birthplace,* Balt

Name of Medical Attendant, or other person who makes this Return, Sophie Meyer

Address, 300 Lexington all ~~5 W. West~~ st street

Remarks,

1 6 9 5 0 0 0 7 4 1 8

Wm J. C. Dulany Co., City Printers and Stationers.

Any physician or other person who shall make the occupant of a house, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health, in which shall be recorded the date of birth, the sex, the color, the number of children of the mother, the name, residence and occupation of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70074

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov. 12/95
4. *Place of Birth, (Street and Number)* 2417 E. Monument Str.
5. *Full Name of Mother,* Louisa Rustermeier
6. *Mother's Maiden Name,* " Bartels
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Frank Rustermeier
9. *Father's Occupation* Printer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Lough St.

Remarks,

1 8 7 5 0 0 0 7 4 1 9

RETURN OF A BIRTH. 70075

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 12 1907
4. Place of Birth, (Street and Number) 1 Hilkins Ave
5. Full Name of Mother, Mrs Rachel Gifferty Duggan
6. Mother's Maiden Name, "
7. Mother's Birthplace, Md
8. Full Name of Father, Anthony J Duggan
9. Father's Occupation Merchant
10. Father's Birthplace, Italy

Name of Medical Attendant, or other person who makes this Return. E. E. Ulrich

Address, Lincoln Square

Remarks,

1 6 9 5 0 0 0 7 4 2 0

Each member of the Board of Health, or any other person who shall name an occupation for the parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the attending physician, or other person, in the form of a certificate between the first and third day of each and every month of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter. It shall become the duty of the person last in attendance upon the mother, immediately thereafter, to make such certificate and deliver the same to the Commissioner of Health within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70076

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 3rd

1. *Sex*, (*state whether male or female*) Female
2. *Race or Color*, (*if not of the white race*) White
3. *Date of Birth*, Nov 12 1895
4. *Place of Birth*, (*Street and Number*) 321 N Pace St.
5. *Full Name of Mother*, Lettie Evard
6. *Mother's Maiden Name*, Lettie Leary
7. *Mother's Birthplace*, Balto City
8. *Full Name of Father*, J. E. Evard
9. *Father's Occupation*, Waitewaiter
10. *Father's Birthplace*, Leesburg Va

Name of Medical Attendant, or other person who makes this Return, Bostwick Tiew MD

Address, 317 N Pace st

Remarks,

1895007421

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the officer of the Board of Health, in charge of the district in which the birth shall occur, which shall be signed by a physician, or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 70077

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 12 of November 1895.
4. Place of Birth, (Street and Number) 2116. Fairmount - Ave
5. Full Name of Mother, Sarah Tankersley
6. Mother's Maiden Name, Sarah Skipper
7. Mother's Birthplace, Baltimore M. D.
8. Full Name of Father, Charle Tankersley
9. Father's Occupation, Merchant
10. Father's Birthplace, Somerset - Co -

Name of Medical Attendant, or other person who makes this Return. Mrs Ida Hille

Address, 207. N Castle St. Ballo -

Remarks,

1 8 9 5 0 0 0 7 4 2 2

Wm J C. Dulany Co., City Printers and Stationers.

This return is to be signed only by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the commissioner of health, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall become the duty of the person or parents of such child to report the birth to the commissioner of health, in the manner and within the period above recited, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70078

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 13 "
4. Place of Birth, (Street and Number) 610 E Fulton Ave
5. Full Name of Mother, Mrs Louisa Brocken Bindewald
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Balto
8. Full Name of Father, Henry Bindewald
9. Father's Occupation Pilot Boat
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, E. E. Ellis

Address, Lemmon Ag

Remarks,

1695U007423

Wm. J. C. Dulany Co., City Printers and Stationers.

Said other blank shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, although no child shall have been born within such period, and shall become the duty of the person or parents of such child to report the same to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be and shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

(6ra)

RETURN OF A BIRTH. 70079

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

PAUL LOUIS WELKE

No of Child of Mother, (*state whether* 1*st*, ~~2d~~ ~~3d~~, *&c.*) .....

1. *Sex*, (*state whether male or* ~~*female*~~) .....
2. *Race or Color*, (*if not of the white race*) .....
3. *Date of Birth*, November 12th
4. *Place of Birth*, (*Street and Number*) 910 S Sharp St.
5. *Full Name of Mother*, Mary Welke WELKE
6. *Mother's Maiden Name*, Mary Rettberg
7. *Mother's Birthplace*, Germany
8. *Full Name of Father*, Paul Charles Welke WELKE
9. *Father's Occupation*, Clerk
10. *Father's Birthplace*, Baltimore

Name of Medical Attendant, or other person who makes this Return, Katie Kirsch

Address, 800 Leadenhall Street

Remarks, ...

~~1 8 9 5 0 0 0 7 4 2 4~~

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance who shall be authorized by law to make the return, the person or parents of such child to report its birth to the Commissioner of Health. In the instance last mentioned the person or parents and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70080

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Nov 12 1895
4. *Place of Birth, (Street and Number)* 927 Morris St
5. *Full Name of Mother,* Ella Tabbs
6. *Mother's Maiden Name,* single
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Chas Brown
9. *Father's Occupation* Waiter
10. *Father's Birthplace,* Unknown

Name of Medical Attendant, or other person who makes this Return. D. H. Krown M.D.

Address, Maryland Gen Hospt

Remarks,

1895009725

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in the city of Baltimore, of any child born within such month, of which he or she shall have been the attending physician or practitioner of midwifery; or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and upon such report being made, the Commissioner of Health shall issue a certificate of such birth; and any such person or persons who shall neglect or fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70081

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 13.

1. Sex, (state whether male ~~or female~~) Male
2. Race or Color, (if not of ~~the white~~ race) colored
3. Date of Birth, 12 of November 1895 at 8 o'clock
4. Place of Birth, (Street and Number) 1402 E Madison Street
5. Full Name of Mother, Annie Maria Julius
6. Mother's Maiden Name, — — — Davis
7. Mother's Birthplace, Virginia
8. Full Name of Father, Henry Julius
9. Father's Occupation, Labor and teamster
10. Father's Birthplace, Savannah Georgia

Name of Medical Attendant, or other person who makes this Return. Jerome Cooper

Address, 521 Shuter Baltimore Md

Remarks, Mother is well The Child lived 4 hour after birth

Baltimore city Md

B 2500074 5

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately after the birth of any child, it shall become the duty of the person or persons required, and shall be sufficient for the discharge of such duty, to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 70082

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* November 12th 1895
4. *Place of Birth, (Street and Number)* near Old Frederick road ones
5. *Full Name of Mother,* Cathina Hedrich
6. *Mother's Maiden Name,* Cathina Merz
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Friedrich Hedrich
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1 8 9 5 0 0 0 7 4 2 7

Wm. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 70083

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Child

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* November 12-95
4. *Place of Birth (Street and Number),* #511 S. Fremont Ave.
5. *Full Name of Mother,* Clara (Zeiger) Goldstein
6. *Mother's Maiden Name,* Zeiger
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Joseph D. Goldstein
9. *Father's Occupation,* Mocher
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. Rocha Zeiger

Address, 511 S. Fremont Av.

Remarks,

1 2 9 5 0 0 0 7 4 2 0

shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, who shall have power to administer the oath to any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of (ten 10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed, by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur where there is no attendance of a physician or practicner of midwifery, it shall be the duty of the attendance of a physician or practicner of midwifery, or of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70084

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &*c.*) 2

1. *Sex*, (*state whether male or female*) Female
2. *Race or Color*, (*if not of the white race*) Color
3. *Date of Birth*, November 21 1895
4. *Place of Birth*, (*Street and Number*) 918 Madison St.
5. *Full Name of Mother*, Lizzie Johnson
6. *Mother's Maiden Name*, Lizzie Williams
7. *Mother's Birthplace*, Howard County
8. *Full Name of Father*, Henry Johnson
9. *Father's Occupation* Laboring
10. *Father's Birthplace*, Howard

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1895007429

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70085

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 12" 1895
4. Place of Birth, (Street and Number) 823 Ramsay St
5. Full Name of Mother, Ida B. Metcalf
6. Mother's Maiden Name, Gibson
7. Mother's Birthplace, Virginia
8. Full Name of Father, Frank C. Metcalf
9. Father's Occupation Clerk
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Eleisance M. D.

Address. 83 Columbia ave

Remarks,

shall schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in duly sworn and subscribed form. Any such person or persons who shall wilfully fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and tenth days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the person in attendance upon the mother, immediately thereafter, if shall become the duty of the person or persons in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70086

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 12 November
4. *Place of Birth, (Street and Number)* Shakespear St. 1604
5. *Full Name of Mother,* Mare Kresina
6. *Mother's Maiden Name,* Sindesar
7. *Mother's Birthplace,* Böhmen
8. *Full Name of Father,* Frank Kresina
9. *Father's Occupation* Work-man
10. *Father's Birthplace,* Böhmen

Name of Medical Attendant, or other person who makes this Return.

Address, S. Bond St. 838

Remarks, Mary Roth

1895000743 1

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the name of the attendant, and shall be delivered, duly signed by the practitioner, or certificate between the first and third day of each and every month to the office of the commissioner of health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the mother shall immediately thereafter, it shall become the duty of the person or persons with whom such child or children may be, to report such birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70087

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Chas Kiernan 2

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Geboren November 12/95.
4. *Place of Birth, (Street and Number)* Thames st. No. 1645.
5. *Full Name of Mother,* Dorota Moss
6. *Mother's Maiden Name,* Medkin
7. *Mother's Birthplace,* Poland.
8. *Full Name of Father,* Franciszek Karczewski
9. *Father's Occupation* Roland
10. *Father's Birthplace,* Poland

Name of Medical Attendant, or other person who makes this Return, Agnes Hadelma

Address, Thames st. No. 1635

Remarks, Sent

1 8 9 5 0 0 7 4 3 2

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70088

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 25, 95
4. Place of Birth, (Street and Number) Lancaster 1617
5. Full Name of Mother, Agnes Guillenovitch
6. Mother's Maiden Name, " Gelinski
7. Mother's Birthplace, Poland
8. Full Name of Father, Julie Guillenovitch
9. Father's Occupation Laborer
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Mary Krotka

Address, E. Z. S. Bond St.

Remarks.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case no other person be in attendance at the birth of any child, and no other person be in the city or county where such birth occurs, of the person or parents of such child to report its birth to the Commissioner of Health, in accordance with the provisions of this section, the attendant shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1895000 7403

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70089

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 13 1895
4. *Place of Birth, (Street and Number)* 3048 O'Donnell St.
5. *Full Name of Mother,* Roberta Ratcliffe
6. *Mother's Maiden Name,* Roberta Dinsmore
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* T. Eulon Ratcliffe
9. *Father's Occupation,* Superintendent
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this return, J. H. Martin M.D.

Address, 1021 Canton St

Remarks,

1895007434

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth and the said schedule shall be signed by the practitioner in the form of a certificate between the first and the third day of each and every month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it should be the duty of the person or persons in attendance, or the mother immediately thereafter, if shall become the duty of the person above required, such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall have neglected or failed to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

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RETURN OF A BIRTH. 70090

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Nov 13th 95
4. Place of Birth, (Street and Number) Balto 1834 Eager st
5. Full Name of Mother, Isabella Grant
6. Mother's Maiden Name, Isabella Anderson
7. Mother's Birthplace, Balto City
8. Full Name of Father, William Grant
9. Father's Occupation, Resturant Cook
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return, Dr William Harris 1416

Address, Jefferson Mary E. Stuart 1132 E Lexington st

Remarks, all Satisfaction

1 8 9 5 0 0 7 4 3 5

Each case should be marked, the full name and occupation of its parents, the date and place of birth; and the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of certificate herein, to the person in charge of the house in which the child was born, or to the nearest member of the family, or to the person in charge of the house in which the child was born, or to the nearest member of the family, or to the person in attendance upon the mother, immediately thereafter it shall become the duty of the person, or parents of such child to report its birth to the Commissioner of Health, in the manner and with the particulars required and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J C DULANY CO CITY PRINTERS AND STATIONERS.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, the name and occupation of its parents, the date and place of birth, and the time of birth of each and every month to the office of the Comptroller of Health, in the form of a certificate, signed by the practitioner in the form of a certificate, in case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, the Commissioner of Health, in the manner and upon the conditions of this section shall be each child to report, in writing, to the Comptroller of Health, in the manner and upon the conditions of this section shall be each and every person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered, as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70091

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. Sex, (state whether male or female) Girl.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, 13. November.
4. Place of Birth, (Street and Number) 119. Chapel Street.
5. Full Name of Mother, Mary Fritsch.
6. Mother's Maiden Name, Mary Gallens.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Silvester Fritsch.
9. Father's Occupation Saloon Keeper.
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return, Mary Kloss.

Address, 129. Wolfe Street.

Remarks,

8 7 5 0 0 3 7 4 3 6

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should the parents or parents of such child to report its birth to the Commissioner, or fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70092

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Female 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 13, 1893
4. Place of Birth, (Street and Number) 522 Eugene St.
5. Full Name of Mother, Ella Baker
6. Mother's Maiden Name, Ella Sulze
7. Mother's Birthplace, Md
8. Full Name of Father, Charles Baker
9. Father's Occupation Labor
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, Mary L Swayne

Address. 824 Canton St.

Remarks.

1 8 9 5 0 0 0 7 4 3 7

Wm. J. C. Dulany Co., City Printers and Stationers

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, place and date of birth, the full name and occupation of its parents, the place of birth; and the said schedule shall be delivered, duly signed by the attending physician or practitioner in the form of a certificate herein, the first and shall occur within the month to the office of the Commissioner of Health. In case the birth of any child attendance upon the mother immediately preceding the birth, or should no other person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period before required, and such person or persons who shall hereafter fail to comply therewith, or who shall make a false return, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70093

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 13/95
4. Place of Birth, (Street and Number) 418 S. Ann Ste.
5. Full Name of Mother, Annie Voll
6. Mother's Maiden Name, Schmidt
7. Mother's Birthplace, Balto.
8. Full Name of Father, Joseph Voll
9. Father's Occupation Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return. Mrs Deisenhofer

Address, 2225 Gough Ste

Remarks,

1 0 9 5 0 0 9 7 4 3 8

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70094

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 13 1895.
4. Place of Birth, (Street and Number) 807 E. Madison st.
5. Full Name of Mother, Francis Rethmüller
6. Mother's Maiden Name, Francis Smith
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Louis Rethmüller
9. Father's Occupation Clerk
10. Father's Birthplace, Washington D.C.

Name of Medical Attendant, or other person who makes this Return. Charles H. A. Meyer M.D.

Address, 1019 N Caroline st.

Remarks,

1895 00037439

Wm. J. C. Dulany Co., City Printers

RETURN OF A BIRTH. 70095

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 13/95
4. Place of Birth, (Street and Number) 804 Vine St.
5. Full Name of Mother, Minna Witte
6. Mother's Maiden Name, Fulda
7. Mother's Birthplace, Balto.
8. Full Name of Father, Henry Witte
9. Father's Occupation Frescо Painter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, D. Norris Lee

Address, 839 N. Paca St.

Remarks,

1 6 7 5 U 0 0 7 4 4 0

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall set forth as far as the same can be ascertained the full name of each child, of any age, born in [illegible] conferred its sex, color, the full name of the parents, the date of birth; and the occupation of its parents, the certificate between the first and [illegible] signed by the practitioner in the form of a certificate of birth; and the said schedule shall be delivered, within one month after the birth, to the Commissioner of Health. In case the birth of any [illegible] month, and to the office of the Coroner of midwifery, or should no other person [illegible] third day of each and every month, in the manner and within the period above required, and shall occur without the attendance of a physician, the midwife shall become the duty of the parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and upon the mother, immediately after her delivery, with the provisions of this section shall be [illegible] any such person of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 70096

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Novbr 13/95
4. Place of Birth, (Street and Number) 1262 James St.
5. Full Name of Mother, Edith Estella Walter
6. Mother's Maiden Name, " " Ramming
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Alvin Wesley Walter
9. Father's Occupation, Paperhanger
10. Father's Birthplace, York Co Pa

Name of Medical Attendant, or other Person who makes this Return. J. F. Lang Md.

Address, 101 No Paca St.

Remarks,

ne Murphy & Co., City Printers and Stationers.

1 8 9 5 0 0 9 7 4 1

RETURN OF A BIRTH. 70097

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 13th 1896
4. Place of Birth, (Street and Number) 1117 Race St
5. Full Name of Mother, Matilda Smith
6. Mother's Maiden Name, Matilda Solomon
7. Mother's Birthplace, Carroll County Md
8. Full Name of Father, Charles Henry Smith
9. Father's Occupation Laborer
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Mrs Bauer

Address, 711 Cross Street

Remarks,

1895000744 2

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] month, and shall set forth, as far as the same can be ascertained, the full name of each child, if any shall have been born, the date and place of birth, and the full name and occupation of its parents, the form of a certificate between the first and third days of each and every month to be furnished by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or other person, the mother of such child or the person in charge of such child shall be delivered, duly signed by the physician or other person in attendance, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or other person, the mother of such child or the person in charge of such child to report to the Commissioner of Health, in writing, the particulars required, and shall within the period above required, and shall comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70098

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 child

1. *Sex, (state whether male or female)* Female child
2. *Race or Color, (if not of the white race)* Colored child
3. *Date of Birth,* March 13 1895
4. *Place of Birth, (Street and Number)* 614 Lancaster st
5. *Full Name of Mother,* Mary Ann Burke age 35
6. *Mother's Maiden Name,* Mary Ann Beckett
7. *Mother's Birthplace,* Eastern Shore va
8. *Full Name of Father,* Lee Brooks age 45
9. *Father's Occupation,* Common labor
10. *Father's Birthplace,* Eastern shore va

Name of Medical Attendant, or other person who makes this Return, Mrs Carrie Reid

Address, 417 Parrish alley

Remarks,

1895 U 007443

Wm J C. Dulany Co., City Printers and Stationers.

Notice.—This return is to contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been christened, the name and occupation of its parents, the date and place of birth; and the same shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In cases in which no certificate shall occur without the attendance of a physician, the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

GIVEN NAME ADDED 10-17-49 CERTIFICATE CORRECTED 10-17-49

RETURN OF A BIRTH. 70099

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Carl J. Zilanka

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Nember th. 13 th
4. *Place of Birth, (Street and Number)* 1242 Sargant Street
5. *Full Name of Mother,* Mary ~~Zelonka~~ Zilanka
6. *Mother's Maiden Name,* Mary Lorenz
7. *Mother's Birthplace,* Koerhendorf in Slesia. Germany
8. *Full Name of Father,* Christian ~~Zelonka~~ Zilanka
9. *Father's Occupation*
10. *Father's Birthplace,* Saabe in Slesia. Germany

Name of Medical Attendant, or other persons who makes this Return. Mrs. A. M. Bridge

Address. No 1137 Carroll St

Remarks,

1 8 9 5 0 0 7 4 4 4

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the attendant, to the person or persons with whom the child shall live, or such person or persons shall forthwith deliver the same to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in a manner and with the blanks provided and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70100

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 d.

1. Sex, (state whether male or female)

2. Race or Color, (if not of the white race)

3. Date of Birth, Nov. 13. (7. 20. A. M.)

4. Place of Birth, (Street and Number) 425. S. Bond Street.

5. Full Name of Mother, Christine Julie Seibert,

6. Mother's Maiden Name, Meyer.

7. Mother's Birthplace, Bremen - Germany.

8. Full Name of Father, Wilhelm Seibert,

9. Father's Occupation Laborer.

10. Father's Birthplace, Knielingen near Karlsruhe - Baden (Germany.

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Kamu

Address, (for the Mother Relief Society) 632 N. Fr

Remarks, (Dist. Nov. 22. John Hopkins Hospital). Nov.

18950007445

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70101

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether ~~1st, 2d,~~ 3d, &c.) Third

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 13th 1895
4. Place of Birth, (Street and Number) 2231 Barclay Street
5. Full Name of Mother, Augusta M. Pegeler
6. Mother's Maiden Name, Augusta M. Schmidt
7. Mother's Birthplace, Philadelphia Pa
8. Full Name of Father, Frederick W. Pegeler
9. Father's Occupation, Book Keeper
10. Father's Birthplace, Bremen Germany

Name of Medical Attendant, or other person who makes this Return, A. G. Patton

Address, 1301 N. Central Ave

Remarks,

1895 0007446

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the third day of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and form above required, and any midwife or person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70102

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 13th Nov 95
4. *Place of Birth, (Street and Number)* 1015 Riverside Ave
5. *Full Name of Mother,* Fanny Winchester
6. *Mother's Maiden Name,* " Hoffman
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Charles Winchester
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Warren Pa

Name of Medical Attendant, or other person who makes this Return, Mrs E. Jewell

Address, 406 E. Fort Ave

Remarks,

1895 0007447

Wm. J. C. Dulany Co., City Printers and Stationers.

Whereas, as is set forth as far as the same can be ascertained, the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered every month to the office of the Commissioner of Health. In case the birth of any child shall occur upon the mother, immediately after the attendance of a physician or midwifery, or should no other person or parents of such child report its birth to the Commissioner of Health, in the manner and within the period above required, and the said schedule shall be signed by the physician or midwife, or other person, or parents of such child, or some one of them, and shall become the duty of the said physician or midwife, or other person, or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 70103

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d Child

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, November 14, 1895.
4. Place of Birth, (Street and Number) Eutaw st 407
5. Full Name of Mother, Mary Lentz
6. Mother's Maiden Name, Mary Wilson
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, John Lentz
9. Father's Occupation, Oberon
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Florence B Thater

Address, 232 Warner st

Remarks,

1895 0 0 7 4 4 8

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and residence of its parents, the date and place of birth; and the said schedule shall be delivered by the physician or practitioner in the form of a certificate between the first and tenth days of each and every month to the office of the Commissioner of Health. In case the said physician or other person shall omit or neglect to report the birth of any child, or shall omit or neglect to report the birth of any child without the attendance of a physician or practitioner, it shall be the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and upon such report the said Commissioner of Health shall issue a certificate of such birth, and the said physician or other person who shall herefter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 70104

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 14th 1895
4. Place of Birth, (Street and Number) 2123 Callow Av
5. Full Name of Mother, Jennie Gump
6. Mother's Maiden Name, Jennie Hamburger
7. Mother's Birthplace, Balto. Md
8. Full Name of Father, Abram G. Gump
9. Father's Occupation, Merchant
10. Father's Birthplace, Balto. Md

Name of Medical Attendant, or other person who makes this Return. Joseph Blum

Address, 641 Columbia Av

Remarks,

1 8 9 5 0 0 0 7 4 4 9

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] be conferred) its sex, color, the full name of each child, if any shall have been conferred, the full name, age, occupation of its parents, the date and place of its birth, and the name of the attendant, if any, or of the midwife, or other person who shall have been the first and only person to be present at the birth of such child, or in case the birth of any child shall occur without the presence of a physician or midwife, the person or persons present at such birth shall be deemed the attendant, and shall become the duty of the person above required, and upon the mother, immediately after the birth, in the manner and with the particulars required by the rules and regulations of this section shall be subject to the Commissioner of Health, to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70105

GIVEN NAME ADDED 5-1-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Harry Joseph

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Nov - 14 - 1895
4. Place of Birth, (Street and Number) 824 N. Washington
5. Full Name of Mother, Louisa Wilhelmina Schaefer
6. Mother's Maiden Name, " " Raith
7. Mother's Birthplace, City
8. Full Name of Father, Henry Schaefer
9. Father's Occupation, Fallsman
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return, P. G. Dausch M.D.

Address, 1731 E. Balto. st.

Remarks,

1895000 7450

Wm J C. Dulany Co., City Printers and Stationers.

Section 1. Be it enacted by the General Assembly of Maryland, that the physician or other person who shall have charge of any case of birth in the City of Baltimore, shall be required to report the sex, color, the full name and occupation of his parents, the date and place of birth, and the given name (if any) conferred) its sex, color, the full name and occupation of his parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third Tuesdays of each month, by the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the person or persons in attendance upon the mother, immediately thereafter it shall become the duty of the person or other person to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Health. The schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any, the date of birth, the sex, color, the full name and occupation of its parents, the date and place of birth, and the date of each and every marriage of the parents, and the number of children born to the mother, and the third day of each and every month he or she shall sign and deliver to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70106

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd child Boy

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* 14th of November 1895
4. *Place of Birth, (Street and Number)* Biddle st 215
5. *Full Name of Mother,* Marie Lamman
6. *Mother's Maiden Name,* Marie Hillomers
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* M. Joseph Lamman
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address, Marie Elias

Remarks, 1625 Hopkins Ave.

1 8 9 5 0 0 7 4 5 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70107

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 14th 98
4. Place of Birth, (Street and Number) 1839 Hamburg St
5. Full Name of Mother, Katie Fink
6. Mother's Maiden Name, " " Shuirman
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Charles Fink
9. Father's Occupation Tailor
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs Minnie Vogel

Address, 206 N. Schroder St

Remarks,

1895002452

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be [illegible] this act or a true copy thereof, the full names of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in the manner and within the period above required, and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered and other fines and forfeitures are recoverable.

RETURN OF BIRTH. 70108

GIVEN NAME ADDED 3-27-63

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Edith Williams

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 14th 1895
4. Place of Birth, (Street and Number) 414 Scott St
5. Full Name of Mother, Ida Williams
6. Mother's Maiden Name, Wardell
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Geo Williams
9. Father's Occupation Carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this return, Geo R Graham

Address, 725 Columbia ave

Remarks,

1 8 7 5 0 0 0 7 4 5 3.

Wm. J. C. Dulany Co., City Printers and Stationers.

Sec. 1. Be it ordained by the Mayor and City Council of Baltimore, that the full name of each child, if any shall have been conferred, its sex, color, the full name of its parents, the date and place of birth; and the said address of such parents, shall be reported by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, the person or parents of such child to report in writing to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70109

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 14 1895
4. Place of Birth, (Street and Number) 1722 N Bethel St
5. Full Name of Mother, Emma Gifford
6. Mother's Maiden Name, Emma Parker
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Hugh Gifford
9. Father's Occupation Potter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Adolph C. Eisenberg M.D.

Address, N. E. Cor Bank & Wolfe Sts

Remarks,

[illegible] 4 5 U 0 5 4 5 4

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be deemed guilty of a misdemeanor, and shall be fined not less than ten dollars nor more than fifty dollars, at the discretion of the Court, for each offence, and shall be liable to a civil action for damages, at the suit of any person who may be injured by such neglect or refusal, and shall be liable to a penalty of ten dollars for each day's neglect or refusal to comply with the provisions of this section, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70110

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 14. 1895
4. Place of Birth, (Street and Number) S. Vincents Inf. Asylum
5. Full Name of Mother, Mary Bateman
6. Mother's Maiden Name, Not known
7. Mother's Birthplace, Balto.
8. Full Name of Father, Geo. Bateman
9. Father's Occupation Tailor
10. Father's Birthplace, Not known

Name of Medical Attendant, or other person who makes this Return, R. C. Rossi M. D.

Address, Cor North Dame

Remarks,

1895 00 07 455

Wm. J. C. Dulany Co., City Printers and Stationers.

month, or shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been born alive,) the sex, color, the full name and occupation of its parents, the date and place of birth, and the number of the child, if it be the first and only child of its mother, and shall deliver the same to the Commissioner of Health, or should no other person be within the city, to the attending physician or practitioner in the form of a certificate of the birth of any child born alive, and every month of the preceding year, and shall become the duty of the person or persons required, and shall occur without the city, immediately thereafter, in the manner and within the time prescribed, and attendance upon a birth to the Commissioner, or fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70111

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White Race.
3. *Date of Birth,* Nov. 14/95.
4. *Place of Birth, (Street and Number)* No 1515 Rear. St.
5. *Full Name of Mother,* Mary Glazier
6. *Mother's Maiden Name,* " Madrus.
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* Adam Glazier.
9. *Father's Occupation* Labor.
10. *Father's Birthplace,* Penn.

Name of Medical Attendant, or other person who makes this Return, Annie Jeems.

Address, No 1603 E. Charles St.

Remarks. Yours Respectfully.

1895000745

Wm. J. C. Dulany Co., City Printers and Stationers.

NOTICE.—It shall be the duty of the parents of every child born in this city, if any shall have been conducted to his or her place of abode, the full name and surname, the date of birth, the sex, the race or color, the full name and occupation of the father and mother, the first and last name of the child, if any, and the place of birth, to make a return in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately interested, it shall become the duty of the parents of such child to report the birth in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the name of each child, if any shall have been conferred; his sex, color, the full name of the parents, the date and place of birth; and the said schedule shall be signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother immediately before or after the birth, shall be prima facie evidence that any person or persons who shall thereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70112

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 16/95
4. Place of Birth, (Street and Number) Penna. Ave. Ext.
5. Full Name of Mother, Mrs Ph. Weidman
6. Mother's Maiden Name, Elizabeth Wallenwein
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, Philip Weidman
9. Father's Occupation Gardener
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, E. L. Smith M.D.

Address, 2505 Penna. Ave.

Remarks,

1895007457

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70113

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 14th of November 95

4. Place of Birth, (Street and Number) 1847 Lexington St.

5. Full Name of Mother, Cordelia Frieg.

6. Mother's Maiden Name, Cordelia Schimpff

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Julian P. Frieg

9. Father's Occupation Maschinist

10. Father's Birthplace, Frankreich

Name of Medical Attendant, or other person who makes this Return. Friederike Keller Midwife

Address, 2116 W. Pratt St.

Remarks,

1895 0007458

month, and shall set forth as far as the same can be ascertained, the full name of each child, if any, shall have been conferred; the sex, date of birth, name and occupation of its parents, the date and place of marriage of the parents, the number of children born to the mother, including the child last delivered, duly signed by the practitioner in the form prescribed by the Board of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall be the duty of the person or parent in charge of such child to report, within twenty-four hours, to the Board of Health, the facts of such birth, and the sex and date of birth of such child, and the name and residence of such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70114

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 14th Nov 95
4. Place of Birth, (Street and Number) 1281 Williams St
5. Full Name of Mother, Rose Weaver
6. Mother's Maiden Name, " Hudson
7. Mother's Birthplace, Md
8. Full Name of Father, William Weaver
9. Father's Occupation Laborer
10. Father's Birthplace, Mass Do

Name of Medical Attendant, or other person who makes this Return, Chas E. Jewell

Address, 436 E. Fort Ave

Remarks,

1895 00074 59

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70115

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) George Reinicker Granger
First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 14 1895
4. *Place of Birth, (Street and Number)* 143 Myrtle Avenue
5. *Full Name of Mother,* Elizabeth C Granger
6. *Mother's Maiden Name,* Elizabeth C Clements
7. *Mother's Birthplace,* Philadelphia Pa
8. *Full Name of Father,* George R Granger Jr
9. *Father's Occupation* Merchant
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, D West M D

Address, 5 W Chase St

Remarks, Later Normal GIVEN NAME ADDED, 9-22-52

1075U007460

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred; its sex, color, the place of its birth, and the full name and occupation of its parents, the date and place of marriage between the first and said schedule shall be delivered every month to the office of the registrar of vitals, or should no other person be present, such third day of each month, to the person or practitioner of midwifery, or should no other person be present, such last named person or practitioner of midwifery, shall be deemed and taken to be the person required to make such return without the attendance of a physician or midwife it shall become the duty of the person required, and in case of such attendance upon the mother, immediately after the birth of such child, to report to a physician who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70116

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Louis Oregon ~~Littleton~~ 3d.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White Race.
3. Date of Birth, Nov 14/95. Oct 30, 1895
4. Place of Birth, (Street and Number) No 127 Clement St.
5. Full Name of Mother, Nora Littleton
6. Mother's Maiden Name, " Bennett
7. Mother's Birthplace, Wicomico Caroline Co.
8. Full Name of Father, Edward L George Littleton,
9. Father's Occupation Laborer.
10. Father's Birthplace, Caroline Co Dorchester Co.

Name of Medical Attendant, or other person who makes this Return. Annie Jeems.

Address, No 1603 S Charles St.

Remarks, Yours Respectfully,

1895007461

Wm. J. C. Dulany Co., City Printers and Stationers.

Note. It shall set forth such as the same can be ascertained the full name of each child, (if any, shall have been ordered) its sex, color, the full name and occupation of its parents, the date and place of birth; and the name and residence of the attendant or person who shall have received the same, and shall be made within the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70117

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colt
3. Date of Birth, Nov. 14/95
4. Place of Birth, (Street and Number) 2521 Saline St.
5. Full Name of Mother, Mrs Wm Dyson
6. Mother's Maiden Name, Louvine Chaney
7. Mother's Birthplace, Anearundel Co. Md.
8. Full Name of Father, Wm Dyson
9. Father's Occupation Laborer
10. Father's Birthplace, Anearundel Co. Md.

Name of Medical Attendant, or other person who makes this Return, E. A. Smith M.D.

Address. 2505 Penna. Ave.

Remarks,

1895000 7462

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, monthly to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70118

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov. 14. 1895.
4. *Place of Birth, (Street and Number)* 316 N. Front St
5. *Full Name of Mother,* Eva Bernstein
6. *Mother's Maiden Name,* Eva Shere
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Ike Bernstein
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Wm. G. Tilman

Address, W 13 S. Lombard St

Remarks,

1895 00074 63

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, and the name and occupation of its parents, the date and place of birth; and the same shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case no other person be in attendance upon the mother, or in case the mother or other person shall be unable to sign, no other person be in shall occur without the attendance of a physician or practitioner, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70119

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ellis - Twin 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* December 15 1895
4. *Place of Birth, (Street and Number)* Hicanna St 15 1228
5. *Full Name of Mother,* Josefa Hadolna
6. *Mother's Maiden Name,* Medlen
7. *Mother's Birthplace,* Poland
8. *Full Name of Father,* Jozef Dice
9. *Father's Occupation* Foreland
10. *Father's Birthplace.* Poland

Name of Medical Attendant, or other person who makes this Return, Agnes Hadolna

Address, Hicanna St No 1631

Remarks. Legit

1 8 9 5 0 0 2 7 4 6 4

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days, and by the attendant or other person in the form of a return between the second and fifth days, to the office of the Commissioner of Health; in case the said schedule shall not be signed by the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 11-1-57

RETURN OF A BIRTH, 70120

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

Irma Beatrice Henrix 3d

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth Nov 15. 95
4. Place of Birth, (Street and Number) 1148 Myrtle Ave
5. Full Name of Mother Florence Henrix
6. Mother's Maiden Name Florence Spragg
7. Mother's Birthplace Balo
8. Full Name of Father Thos. Henrix
9. Father's Occupation B&O RR. Conductor
10. Father's Birthplace Balti

Name of Medical Attendant, or other Person who makes this Return. A Frotteg

Address 951 Madison Ave.

Remarks

1895 0097457

Name of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 70121

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 15th 1895
4. Place of Birth, (Street and Number) No 234 Barney St
5. Full Name of Mother, Sadie Cain
6. Mother's Maiden Name, Sadie Clarke
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Robert G. Cain
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Catherine Hornung

Address, No 1517 Byrd St

Remarks,

1895 0007 08

month, and shall set forth as far as the same can be ascertained, the full name of such child, (if any shall have been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the place of residence of the parents, the date and place between the first and second day of each and every month, in the form of a certificate, the birth of any child shall be delivered, or caused to be delivered, by such person or persons, in the office of the City of Baltimore, in the said City of each and every instance of a birth, whereby it shall become and within five days after such birth shall occur without the attendance of a physician or midwife, the mother, immediately after the birth of such child, or person in attendance upon its birth to the Council hereinbefore fill to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence; to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 70122

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st,
1. *Sex, (State whether male or female)*	Male,
2. *Race or color, (if not of the white race)*	White,
3. *Date of Birth,*	Nov 15th 1895,
4. *Place of Birth, (Street and Number)*	735 N. Washington St
5. *Full Name of Mother,*	Mary E. Kiebler,
6. *Mother's Maiden Name,*	Mary E. Brewer,
7. *Mother's Birthplace,*	Baltimore City,
8. *Full Name of Father,*	Frederick Kiebler,
9. *Father's Occupation,*	Cigar Maker,
10. *Father's Birthplace,*	Baltimore City,
Name of Medical Attendant, or other person who makes this Return.	Chas. B. Leigh M.D.
Address,	920 N. Broadway
Remarks,	

1895 0007467

month, and shall set forth, as far as the same can be ascertained, the full name of each child, if any, shall have been conferred by the parents, the name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the certificate-giver, to the Commissioner of Health, in the first week in the first day of each and every month to the office of the Commissioner in the form of a certificate between the first and the attendance upon the mother during her confinement, or shall cause the birth of any child shall come within the attendance of a physician or practitioner of midwifery, to cause the birth of any child child to report its birth to the Commissioner of Health, or shall become the duty of the person or persons who may such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

THE J. S. SHLAIRY & CO., CITY PRINTERS AND STATIONERS

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been born alive,) the sex, the date of birth, the place of birth, the full name and occupation of its parents, the late and place of the last and usual residence of the parents, the number of children of the mother, whether the first and subsequent, and shall be delivered, duly signed by the practitioner in the form of return prescribed by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, the return shall be made by the person in charge of such child, or by the person in whose house or premises such child shall be born, and shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70123

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6.

1. Sex, (state whether male or female) Girl.
2. Race or Color, (if not of the white race) White
3. Date of Birth, 15. December
4. Place of Birth, (Street and Number) S. 105. Chapel Street.
5. Full Name of Mother, Wehne
6. Mother's Maiden Name, Anni Schonert
7. Mother's Birthplace, Baltimore.
8. Father's Occupation John Wehne.
9. Father's Occupation Lehrman.
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return, Mary Weiss.

Address, S. 9. W. Pratt Street.

Remarks,

1 5 7 5 0 0 0 7 4 6 8

W. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70124

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 15th
4. Place of Birth, (Street and Number) ~~St~~ 728 Mulberry
5. Full Name of Mother, Mrs Lizzie Townsend
6. Mother's Maiden Name, Belt
7. Mother's Birthplace, City
8. Full Name of Father, Townsend
9. Father's Occupation, Painter
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return, D. T. Bill M.D.

Address, 1001 Ed-ave

Remarks,

1895 0007469

Wm J. C. Dulany Co., City Printers and Stationers.

Every child born in this city shall be registered by the Board of Health, and it shall be the duty of the attending physician, midwife or other person who shall be present at the birth of any child, to make a return of such birth to the office of the Commissioner of Health, in the manner and within the period above specified, and any such person who shall neglect or refuse to make such return, shall be subject to the fine of ten (10) dollars for each offence; to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth safer as the same can be ascertained the full name of each child, (if any child have been conferred) his sex, color, the full name and occupation of his parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in lieu of a certificate between the first and tenth day of each and every month to the office of the Commissioner of Health; in case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should any other person be in attendance upon the mother, and shall neglect or refuse to report the birth of any child, it shall become the duty of the person or persons so neglecting or refusing to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70125

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan the 15th - 1895
4. *Place of Birth, (Street and Number)* Lemon st No 1513
5. *Full Name of Mother,* Emma J Martin
6. *Mother's Maiden Name,* Emma J Thompson
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Barney J Martin
9. *Father's Occupation* tinner
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs S Gilles

Address, No 1922 Wilkins Ave

Remarks,

1895008 7470

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70126

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* Nov 15, 1893.
4. *Place of Birth, (Street and Number)* 112 Cursley St
5. *Full Name of Mother,* Kate Lade
6. *Mother's Maiden Name,* Kate Darley.
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* George Lade.
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mary L Swayne

Address, 824 Canton St.

Remarks,

B 9 5 0 0 0 7 4 7 1

month, and shall set forth as far as the same can be ascertained the full name of each child, if any, shall have been conferred, his sex, color, the name and occupation of its parents, the place of birth, and the age of the mother; and shall be signed by the attendant or other person who shall have made the return, and shall be transmitted in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately after the birth of such child, it shall be the duty of the mother, or other person in charge of such child, or part of it, to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 70127

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth. Nov 18 [illegible]
4. Place of Birth, (Street and Number) 514 West Lex
5. Full Name of Mother, Flora Schroeder
6. Mother's Maiden Name, Flora Marrenfeldt
7. Mother's Birthplace, Virginia
8. Full Name of Father, Francis Schroeder
9. Father's Occupation Clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address, Hellgonda Pfeifer

Remarks, 1897 34 St Peter Ch

Wm. J. C. Dulany Co., City Printers and Stationers.

Section 1. Be it ordained by the Mayor and City Council of Baltimore, That from and after the passage of this ordinance, the Commissioner of Health shall set forth a form for a certificate of birth, and shall furnish the same to the proper officer, who shall be a physician or midwife, or other person in charge of the case, who shall be required to fill up the same as far as the same can be ascertained, the full name of each child, if any shall have been given, the sex, color, date of birth, place of birth, and the full name, occupation and place of birth of the parents of such child, and shall sign the same, and deliver it to the parents of such child, or person in charge of such child, who shall be required to sign the same, and deliver it to the person who shall be the proper officer to receive the same, who shall be required to sign the same, and deliver it to the Commissioner of Health, in the manner and within the period of time prescribed by the rules and regulations of the Board of Health, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70128

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 15th 1895
4. Place of Birth, (Street and Number) 600 Brune st
5. Full Name of Mother, Bertha E. Frey
6. Mother's Maiden Name, " " Cobean
7. Mother's Birthplace, Adams Co. Pa.
8. Full Name of Father, Charles Robert Frey
9. Father's Occupation Cigar Manufacturer
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Jas E. Gilbons M.D.

Address, 1102 W. Lafayette ave

Remarks.

1895007473

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the name of the attending physician or practitioner, or midwife, if any, and shall make a return of the same within the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parents or parents of such child, to report the birth to the Commissioner of Health, in the manner and with the forms herein prescribed, and such report is hereby made the duty of the person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70129

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* November 15 1895
4. *Place of Birth, (Street and Number)* 1039 Hornley Lane
5. *Full Name of Mother,* Fannie E Gass
6. *Mother's Maiden Name,* Fannie E Davis
7. *Mother's Birthplace,* Howard County
8. *Full Name of Father,* Curtis Howard
9. *Father's Occupation* Laboring
10. *Father's Birthplace,* Maryland City

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

1895000 7474

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70130

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Nov. 15. (10. P. M.)
4. *Place of Birth, (Street and Number)* 120. Addison Ally.
5. *Full Name of Mother,* Pauline Wolf,
6. *Mother's Maiden Name,* Kimness
7. *Mother's Birthplace,* Berlin - Germany.
8. *Full Name of Father,* Johann Wolf,
9. *Father's Occupation* Carriagemaker,
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Kanne,

Address, 632. N. Fremont Ave.,

Remarks,

1895 0 0 7 4 7 5

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, the date of birth and place of birth (and the number and street if in Baltimore City), the full name of the mother, the place of birth (and the place of residence if in Baltimore City), the maiden name of the mother, the full name of the father, the date of the birth of each child, the sex, color, the full name and occupation of the father, and the name of the medical attendant, or other person who makes the return, in the form of a certificate between the first and second covers, which shall be signed by the attendant, and delivered to the parents of such child, or be mailed to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70131

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White Race.
3. Date of Birth, Nov 15/95.
4. Place of Birth, (Street and Number) No 812. William St
5. Full Name of Mother, Mary Haine.
6. Mother's Maiden Name, " Scheerer.
7. Mother's Birthplace, Balto Md.
8. Full Name of Father, James Haine.
9. Father's Occupation Labor.
10. Father's Birthplace, Lorney Cor

Name of Medical Attendant, or other person who makes this Return, Annie Jeens

Address, No 1603 S. Charles St.

Remarks, Yours Respectfully,

0 9 5 0 0 0 7 2 7 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70132

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex, (state whether male or female)* Fem

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 15 Nov 1895

4. *Place of Birth, (Street and Number)* 2829 O'Donnell

5. *Full Name of Mother,* Mary Regina

6. *Mother's Maiden Name,* O'Rourke

7. *Mother's Birthplace,* City

8. *Full Name of Father,* John Joseph Adams

9. *Father's Occupation* Watchman - U. S. Capitol -

10. *Father's Birthplace,* Balto Co

Name of Medical Attendant, or other person who makes this Return, E. Stellmann M.D.

Address, 1114 Hampden

Remarks,

1895 0097477

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 1-17-58

RETURN OF A BIRTH. 70133

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Keston Blake 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 15th 1:30 pm - 1895
4. Place of Birth, (Street and Number) 1701 N. Calvert St.
5. Full Name of Mother, Lucy B. Blake
6. Mother's Maiden Name, — Downs
7. Mother's Birthplace, Urbana - Illinois
8. Full Name of Father, W. W. Blake
9. Father's Occupation, Clerk on N. Central RR
10. Father's Birthplace, Catonsville

Name of Medical Attendant, or other person who makes this Return, Dr. H. Powell Ord

Address, 805 Park Ave

Remarks,

1 3 9 5 0 0 0 7 4 7 8

Been conferred. He sex, color, the full name and occupation of its parents, the date and place of birth, and the name of the child, shall be delivered, duly signed by the practitioner, the first time he shall be called upon to perform the first and third day of each and every month to the office of the Commissioner of Health, in the manner and with the forms and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the mother immediately thereafter it shall become the duty of the person or parents, and child to report the birth to the Commissioner of Health, in the manner and with the forms prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70134

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. *Sex, (state whether male or female)* M. P.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 15th of Nov 1895
4. *Place of Birth, (Street and Number)* Baltimore Md No 210 W. Henry St.
5. *Full Name of Mother,* Augusta Beck
6. *Mother's Maiden Name,* Jr. Bettin
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* William Beck
9. *Father's Occupation* Sawyer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Mary Virginia

Address, 414 S. Tucker St Baltimore Md

Remarks, Mother and Child are doing well

0 7 5 0 0 0 7 4 7 9

Wm. J. C. Dulany Co., City Printers and Stationers.

Section 1. That from and after the first day of July, eighteen hundred and ninety-five, it shall be the duty of every person who shall be present at the birth of any child within the City of Baltimore, to report such birth to the Board of Health, in a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the full name of each mother, on blank forms to be furnished by said Board, and certified as herein provided. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above specified, and any person who shall wilfully neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70135

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* November 15th 1895
4. *Place of Birth, (Street and Number)* Clountier ave 808
5. *Full Name of Mother,* Lizzie S Myers
6. *Mother's Maiden Name,* Lizzie S McGuire
7. *Mother's Birthplace,* Wolf Bete Dorchester Co Md
8. *Full Name of Father,* William R Myers
9. *Father's Occupation* Sailor
10. *Father's Birthplace,* Cambridge Dorchester Co Md

Name of Medical Attendant, or other person who makes this Return. A M Bischoff

Address, 1137 Lexall

Remarks, Md

1895 00 0 7 4 8 0

been conferred, the sex, color, the full name and occupation of its parents, the date of each child, if any shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or surgeon, or of a midwife, or should no other person be in attendance upon the mother, immediately preceding or following the birth, the parent or other person having the care of such child to report its birth to the Commissioner of Health, in the manner and within the period above prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70136

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Twelfth Nov 1892
4. Place of Birth, (Street and Number) 31 E. York St Balto City
5. Full Name of Mother, Rosina Celick
6. Mother's Maiden Name, Rosina
7. Mother's Birthplace, Bussian Celick
8. Full Name of Father, B Celick & Son
9. Father's Occupation Russia
10. Father's Birthplace, Mrs Lena Porter

Name of Medical Attendant, or other person who makes this Return, 41 E. York St. Balto.

Address,

Remarks,

1 8 9 5 0 0 5 7 4 0 1

Wm. J. C. Dulany Co., City Printers and Stationers.

[sent conferred) its sex, color, the full name and occupation of its parent, where such parent is living, of any child, shall have said return made and every month to the office of the Commissioner of Health, in the form of a certificate between the first and third day of each month, by the person or practioner of midwifery, or the person or parents of such child, or other person present at the birth, or in the house or place where such birth shall occur without the attendance of a physician or midwife, or the person in charge of such house or place, or any person who shall become aware of such birth within the period above required, and attendance upon the mother, to report the birth to the Commissioner of Health, in the manner and form prescribed by law, and child to report its sex, color, the full name and occupation of its parents, if living, with the provisions of this section, to the Commissioner of Health, in the manner and form prescribed by law, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.]

RETURN OF A BIRTH. 70137

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Nov 15-95
4. Place of Birth, (Street and Number) 1415 N Broadway
5. Full Name of Mother, Minnie M Sawyer
6. Mother's Maiden Name, Webb
7. Mother's Birthplace, New York
8. Full Name of Father, Edward H. Sawyer Sr
9. Father's Occupation Machinist
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return. Mrs Mary A Howell

Address, 1435 N Bond St

Remarks,

1895007482

Sec. 2. Be it further enacted, that the surname and occupation of the parents, the date and place of birth, and the sex of the child, shall be entered in the form of a certificate between the first and third day of each and every month, by a physician or practioner of midwifery, or should no other person of such shall occur without the city limits, immediately thereafter it shall become the duty of the person or persons in attendance upon the mother, or in the absence of such person or persons, the mother of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 70138

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Col.

3. Date of Birth, Nov. 15th / 95.

4. Place of Birth, (Street and Number) 222 Emma. Ave.

5. Full Name of Mother, Rosie Russell Seales.

6. Mother's Maiden Name,

7. Mother's Birthplace, Charleston S. C.

8. Full Name of Father, Jno. R. Russell.

9. Father's Occupation, Waiter.

10. Father's Birthplace, Va.

Name of Medical Attendant, or other person who makes this Return. H. T. Carr. Jr. M.D.

Address, 1062 Argyle Ave.

Remarks,

1895007483

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, the sex, colored, duly signed by the physician or midwife, the date of birth; and the place of birth, the name and occupation of the parents, of a certificate between the first and second, and every month to the office of the Commissioner of Health. In case the birth of a child shall occur without the attendance of any physician or midwife, the person in attendance upon the mother, or the person or parents of such child to report to the Commissioner of Health, in the manner and within the period above required, and shall be liable to a penalty of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable. Any physician or midwife who shall be guilty of a violation of any of the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 70139

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* ~~Female~~ VIRGINIA SHAW
2. *Race or Color. (if not of the white race)* White
3. *Date of Birth,* Nov. 16/95
4. *Place of Birth, (Street and Number)* 216 N. Chester St
5. *Full Name of Mother,* Sarah E. Shaw
6. *Mother's Maiden Name,* Sarah E. Taylor
7. *Mother's Birthplace,* Balt. Md.
8. *Full Name of Father,* David A. Shaw
9. *Father's Occupation* Letter Carrier
10. *Father's Birthplace,* Balt. Md.

Name of Medical Attendant, or other person who makes this Return. J. H. Hadwell. M.D.

Address, 201 N. Broadway

Remarks, Born 6.45 a.m.

18950097484

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. [illegible] contain a [illegible] of the [illegible] which have occurred [illegible] or [illegible] care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

70140

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Born 16 Nov. 1895

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* Color

3. *Date of Birth,* Nov. 16

4. *Place of Birth, (Street and Number)* 810 Reppert street

5. *Full Name of Mother,* Maggie White

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Joe Robinson ~~at a Store~~

9. *Father's Occupation,* Store

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Bridget Nutt

Address, No 11 Hughes Street

Remarks,

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 70141

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Nd

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, November. 16. 1895.
4. Place of Birth, (Street and Number) 1530 William st.
5. Full Name of Mother, Frances Willet
6. Mother's Maiden Name, Linton
7. Mother's Birthplace, Balto.
8. Full Name of Father, Charles Willet
9. Father's Occupation Carpenter
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Carolina Schwarz

Address, 434 E. Fort ave

Remarks,

15750037486

been conferred) the sex, color, the full name and occupation of its parents, the date and place of birth; and the said date of each and every monthly attendance of a physician or practitioner in the form of a certificate between the first and last day of the month, which certificate shall become the duty of the person or persons required, and shall occur without the attendance of a physician or practitioner, to be given to the parents of such child immediately thereafter, in the manner and with the forms of this section shall be required, and attendance upon birth in the Commissioners' office; and any person or persons who shall neglect or refuse to comply with the provisions of this section shall be recoverable by any person or persons who shall sue for each offence, to be recovered as other fines and forfeitures are recoverable, subject to the fine of ten (10) dollars for each offence.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70142

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov. 16/95
4. *Place of Birth, (Street and Number)* 239 S. Eden St.
5. *Full Name of Mother,* Rosa Aharon
6. *Mother's Maiden Name,* " Brougham
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Edward Aharon
9. *Father's Occupation* Oyster Dealer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. R. W. Mansfield M.D.

Address, 129 S. Broadway

Remarks,

1895003487

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be kept as or as the same can be ascertained, the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of its birth and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall become the duty of the person, or persons, in attendance upon the mother, immediately thereafter, to report the birth of such child to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70143

the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

ild of Mother, (state whether 1st, 2d, 3d, &c.) Fourth Child

tate whether male or female) Male

or Color, (if not of the white race) White

of Birth, Born November 16th 1895

of Birth, (Street and Number) 1831 Lemon St

Name of Mother, Amelia Hummel

r's Maiden Name, Amelia Tibbits

r's Birthplace, Baltimore City

Name of Father, Herman C. Hummel

r's Occupation Cutter and Iron Moulder

r's Birthplace, Baltimore City

of Medical Attendant, or other person who makes this Return Mrs Ruth Collier

ess, No 1814 Dover St

rks,

1895 00 27 488

Printers and Stationers.

RETURN OF A BIRTH. 70144

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 1st

1. *Sex*, (*state whether male or female*) Male
2. *Race or Color*, (*if not of the white race*) White
3. *Date of Birth*, Nov. 16 Th
4. *Place of Birth*, (*Street and Number*) 414 N Fremont ave
5. *Full Name of Mother*, Mrs Mag. Strohmer
6. *Mother's Maiden Name*, J. Newcomer
7. *Mother's Birthplace*. City
8. *Full Name of Father*, A. F. Strohmer
9. *Father's Occupation*, Plumber
10. *Father's Birthplace*, City

Name of Medical Attendant, or other person who makes this Return. W. F. Hill M.D.

Address, 1001 Ed.

Remarks, Mother had mitral regurgitation Heart trouble & died suddenly in labor, child now living

Wm J. C. Dulany Co., City Printers and Stationers.

Each and every child hereafter born within this State, the date and place of birth; and the sex, color, the full name and occupation of its parents, the date and place of birth; and the name of the attending physician or midwife, if any, or other person, shall be reported within five days after such birth, and every month to the office of the Commissioner of Health, a certificate thereof, the first and third day of each and every month to the office of the Commissioner of Health, a certificate of the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report to the office of the Commissioner of Health, a certificate of such birth, which certificate any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Over

RETURN OF A BIRTH. 70145

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Vivian Hutchinson

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jun the 16 1895
4. Place of Birth, (Street and Number) Watkins Ave No 1927
5. Full Name of Mother, Elizabeth Hutchinson
6. Mother's Maiden Name, Elizabeth Minster
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Thomas H. Hutchinson
9. Father's Occupation City order clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs S. Kelley

Address, No 1928 Watkins Ave

Remarks,

18950007490

[illegible] as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70146

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* November 16 95.
4. *Place of Birth, (Street and Number)* 1321 E. Madison st.
5. *Full Name of Mother,* Adelaide McLaughlin
6. *Mother's Maiden Name,* Adelaide Bishop
7. *Mother's Birthplace,* Frederick Md.
8. *Full Name of Father,* Charles J. McLaughlin
9. *Father's Occupation* Mechanic
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Charles H. A. Meyer M. D.

Address, 1019 N. Caroline st.

Remarks,

1 8 9 5 0 0 0 7 4 9 1

Health. This act shall contain a list of the names of all persons in each ward or precinct who shall have been conferred the sex, color, the full name and occupation of its parents, the date and place of birth and the month, and shall set forth safer as the same can be ascertained, the full name of each child, if any, shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and fifth days of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur, without the attendance of a physician or practitioner or midwife, it shall be the duty of the person in attendance upon the mother, immediately thereafter, if shall become the duty of the person in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained, the full name of each child of any shall have been collected, its sex, color, the full name and occupation of its parents, the date and place of its birth, the date of the death of the mother, and shall be delivered by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the person or owner of such child or any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70147

GIVEN NAME ADDED, 8-30-60

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Frank Nevin Ogden

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 5th

1. Sex, (~~state whether male or female~~)
2. Race or Color, (~~if not~~ of the white race)
3. Date of Birth, Nov 16th, 1895.
4. Place of Birth, (Street and Number) No 113 N Carey St
5. Full Name of Mother, Anna J Ogden
6. Mother's Maiden Name, Ford
7. Mother's Birthplace, Elkton, Cecil Co. Md.
8. Full Name of Father, Wm J. Ogden
9. Father's Occupation Carpenter Grotte-Bar Co
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Edwin C Price M.D.

Address, 1012 Madison Ave

Remarks, Have been in practice nearly 48 years. Am now getting out of practice in a great measure, having lost my eyesight. I regret to make the return as I should have done. Please excuse omissions and inaccuracies

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month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been born,) the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered by the attendant or practitioner like form of certificate between the first and third day of each and every month to the office of the Commissioner of Health; in case no child or children shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately hereafter, it shall become the duty of the person or parents of such child to report in like manner the birth of the same within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70148

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 and

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* November 16th 1895
4. *Place of Birth, (Street and Number)* 616 Wyeth st
5. *Full Name of Mother,* Jennie McGee
6. *Mother's Maiden Name,* Jennie Higdon
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Frank McGee
9. *Father's Occupation* Carriage Painter
10. *Father's Birthplace,* Baltimore County Md

Name of Medical Attendant, or other person who makes this Return, Mrs Baugi

Address, 711 Cross St.

Remarks,

8 9 5 0 0 0 7 4 9 3

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RETURN OF A BIRTH. 70149

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White Race
3. Date of Birth, Nov. 16/95
4. Place of Birth, (Street and Number) No. 712 Marshall St.
5. Full Name of Mother, Minne Kline
6. Mother's Maiden Name, " Einhoff.
7. Mother's Birthplace, B. Germany.
8. Full Name of Father, William Einhoff.
9. Father's Occupation Laborer.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return, Annie Geems

Address. No. 1603 S. Charles St.

Remarks, Yours Respectfully,

8950007494

Wm. J. C. Dulany Co. City Printers and Stationers.

Month, Day, Year. Each set of birth data must be accurately ascertained, and the full name of each child, if any, must have been conferred. Its sex, race, date and place of birth, full name and occupation of its parents, the date and place of birth and the name of the attendant, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health, in the manner and within the period above prescribed, shall occur without the attendance of a physician, or it shall become the duty of the person or parents of such child to report its birth, the Commissioner of Health, or in the absence of the Commissioner, the Registrar of Vital Statistics, or persons who shall hereafter fail to comply with the provisions of this section, shall be and are hereby subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70150

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 16th/95
4. Place of Birth, (Street and Number) 990 Hanover st.
5. Full Name of Mother, Bertha Fritz
6. Mother's Maiden Name, " Sauger
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry Fritz
9. Father's Occupation, Shoemaker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, C. L. Gudenbohn

Address, 481 S. Sacan.

Remarks,

1 8 9 5 0 0 0 7 4 9 5

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70151

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 16th 1895
4. Place of Birth, (Street and Number) 802 N Peter St
5. Full Name of Mother, Julia Weynch
6. Mother's Maiden Name, Julia Frenka
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry A Weynch
9. Father's Occupation Shoemaker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Nellie Wonda Oltfu

Address. 734 N Peter St

Remarks,

8 9 5 0 0 0 7 4 9 6

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall have been conferred its sex, color, date of birth, name and occupation of its parents, the date of marriage between the first and said schedule shall and every month to the office of the Commissioner of Health, in case the births of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, the Commissioner of Health, in the manner provided in this section shall be obliged to report the births of such children. Any person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70153

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 16 of November 1895
4. Place of Birth, (Street and Number) 408 Stirling Street
5. Full Name of Mother, Therisia Fink
6. Mother's Maiden Name, Therisia Reimer
7. Mother's Birthplace, Germany
8. Full Name of Father, Eugene Fink
9. Father's Occupation Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Christina Lauer

Address, 1059 Hearford Ave

Remarks, 1895

1 8 9 5 0 0 0 7 4 9 7

Wm. J. C. Dulany Co., City Printers and Stationers.

monthly, stating its sex, color, the full name of each child, if any, and the full name, occupation of its parents, the date and place of birth, and the other particulars required by the practitioner of health. Should no other person be present at the birth of any child, the attending physician or midwife, or the person or parents required, and shall occur without the attendance of a physician or midwife, it shall become and within the period aforesaid, such attendance upon the mother, immediately after the birth, to make the return required by this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70153

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth. Nov. 16th 95
4. Place of Birth, (Street and Number) Bon C St. 628
5. Full Name of Mother, Bridget Kaladinski
6. Mother's Maiden Name, Laskie
7. Mother's Birthplace. Poland
8. Full Name of Father Anton Kaladinska
9. Father's Occupation Labora
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return. Mary Grabski

Address, 602 S. Bon C

Remarks,

8950007498

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] the full name and occupation of the parents, the date and place of birth, and the [illegible] been conferred) its sex, color, the [illegible] signed by the practitioner in the form of a certificate between the first and [illegible] said schedule shall be delivered every month to the office of the Commissioner of Health. In case the birth of a child shall occur without the attendance of a physician or practitioner, it shall be the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother immediately after the birth, or other person who shall hereafter fail to comply with the provisions of this section shall be subject to a penalty of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70154

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Given Name - Hannah

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 6

1. *Sex,* (*state whether male or female*) Girl
2. *Race or Color,* (*if not of the white race*) White.
3. *Date of Birth,* Nov 16th 1895
4. *Place of Birth,* (Street and Number) 1114 E Fayette
5. *Full Name of Mother,* Etta Shuman
6. *Mother's Maiden Name,* " Clumfus
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Isaac Sumnar
9. *Father's Occupation* Jewlry Drummer
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Mrs Y Feldman.

Address, 1013 E Lombard St

GIVEN NAME ADDED 13-11-53 L.M

Remarks, 8950007499

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70155

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 16th, 1895.
4. *Place of Birth, (Street and Number)* York Road Bet. Carroll Ave. & Dulaney Place
5. *Full Name of Mother,* Mary Thomas
6. *Mother's Maiden Name,* Mary Kidwell
7. *Mother's Birthplace,* Martinsburg, Va.
8. *Full Name of Father,* David Ben Thomas
9. *Father's Occupation* Electrician
10. *Father's Birthplace,* Wales, England.

Name of Medical Attendant, or other person who makes this Return, Martin Bolgiano M.D.

Address, 2020 N. Charles St.

Remarks,

8450007500

Wm. J. C. Dulany Co., City Printers and Stationers.

When a child shall be born in any case in the same can be ascertained, the full name of each child, (if any shall have been conferred,) the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or if any other person be in attendance, then the nurse, midwife or other person shall become the duty of the person or parents of such child, (or person in whose house the birth shall happen,) to give notice of such birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70156

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 16. 1877
4. Place of Birth, (Street and Number) ~~[illegible]~~ New Boundary
5. Full Name of Mother, Elizabeth ~~Doyle~~ Dowey
6. Mother's Maiden Name, Elizabeth Doyle
7. Mother's Birthplace, Cold Ireland
8. Full Name of Father, ~~John Dowey~~ John Dowey
9. Father's Occupation Labor
10. Father's Birthplace, Cold Ireland

Name of Medical Attendant, or other person who makes this Return, Susan Bailey

Address, Birth 31 Hanover

Remarks, Balto City

8 9 5 0 0 0 7 5 0 1

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 6-6-50 CERTIFICATE CORRECTED 6-6-50

RETURN OF A BIRTH. 70157

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 3d Ruth Thompson

1. *Sex*, (*state whether male or female*) female
2. *Race or Color*, (*if not of the white race*) White
3. *Date of Birth*, Nov 16th 95
4. *Place of Birth*, (*Street and Number*) Scott St 1217
5. *Full Name of Mother*, Ida M ~~Thompson~~ Thompson
6. *Mother's Maiden Name*, Ida Marie Nilsen
7. *Mother's Birthplace*, Tonsberg Norway
8. *Full Name of Father*, Andrew ~~Thompson~~ Thompson
9. *Father's Occupation* Laborer
10. *Father's Birthplace*, Bergen Norway

Name of Medical Attendant, or other person who makes this Return, Mr Bange

Address, 711 Cross St.

Remarks,

1 8 9 5 0 0 0 7 5 0 2

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month, and shall set forth, as far as the same can be ascertained, the full name of each child, (if any shall have been born,) the sex, color, and date of birth of each child, the full name, age, and occupation of its parents, the date and place of his or her birth; and the same, when so duly signed by the practitioner in the form of a certificate hereinafter provided, shall be delivered to the office of the Commissioner of Health, in the manner and within the period above required, and shall be registered by the Registrar of Vital Statistics, and no other person be liable to report the birth of such child, or shall become the duty of the person or parents of such child to report the same, unless the same shall not be so delivered to the Commissioner of Health, in the manner and within the period above required, and shall occur without the attendance of a physician, or if it shall become the duty of the person or parents of such child to report, or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other debts and forfeitures are recoverable.

RETURN OF A BIRTH. 70158

GIVEN NAME ADDED 6-27-68

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Mary ~~Charlotte~~ Klitch 5th

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 16 95
4. *Place of Birth, (Street and Number)* 1506 Washington St.
5. *Full Name of Mother,* Eleanor Klitch
6. *Mother's Maiden Name,* " Bradley
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* J. G. Klitch
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return. J. H. Robinson M.D.

Address, 716 E. Preston St.

Remarks,

1 8 9 5 0 0 0 7 5 0 3

month, and shall set forth so far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month to the Office of the Commissioner of Health, and no other person shall shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall fail or refuse to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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Each coupon, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or any other person, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70159

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 16th of November 1895.
4. Place of Birth, (Street and Number) 1819 Orleans St
5. Full Name of Mother, Laura Clabauch
6. Mother's Maiden Name, Laura Weber
7. Mother's Birthplace, Fredrik-Co
8. Full Name of Father, Frank Clabauch
9. Father's Occupation, Blaksmitt
10. Father's Birthplace, Carroll-Co

Name of Medical Attendant, or other person who makes this Return. Mrs Fr Hille

Address, 207 N Castle St.

Remarks,

8 7 5 0 0 0 7 5 0 4

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70160

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Chas Kindus 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Between 10 & November 1935
4. Place of Birth, (Street and Number) Grant St. 418
5. Full Name of Mother, Anna Kazinduskas
6. Mother's Maiden Name, A Stok
7. Mother's Birthplace, Poland
8. Full Name of Father, Kazimiers Sieb
9. Father's Occupation Laborer
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Agnes Hadolna

Address, Thomas Hos. Wb 1035

Remarks, Lost

8950007505

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70161

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Nov. 16th 1895
4. *Place of Birth, (Street and Number)* Maryland Genl Hosp.
5. *Full Name of Mother,* Ida Gust
6. *Mother's Maiden Name,* Ida Gust
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* unknown
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. Jno Known A.B. MD.

Address, Md Genl Hospital

Remarks,

1 8 9 5 0 0 7 5 0 6

Each converted for sex, color, the full name and occupation of its parents, the date and place of birth, and the [illegible] said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it should be the duty of the mother or in her absence the nurse or other person in attendance, or the person in whose house or premises such child is born, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70162

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Sunday Nov 17th 1895
4. *Place of Birth, (Street and Number)* 1129 Division St Baltimore
5. *Full Name of Mother,* Thirsa Reynolds
6. *Mother's Maiden Name,* Thirsa Tyler
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* George Reynolds
9. *Father's Occupation* Waiter
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, Mary Jane Fox M.D.

Address, 333 N. Oregon Sylvin St.

Remarks,

8750007507

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 7016 3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Bernice Katherine Schuh

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* 17 November - 1895
4. *Place of Birth, (Street and Number)* 1-915. Chester Street.
5. *Full Name of Mother,* Dore Shuh.
6. *Mother's Maiden Name,* Dore Yorn.
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* Charles Schuh
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other person who makes this Return, Mary Ross.

Address, 1-9. Wolfe Street.

Remarks, GIVEN NAME ADDED. 4-22-53

1895000750 8

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. It is hereby made the duty of the Registrar of Vital Statistics, Board of Health, Baltimore City, to combine a list of the births which have secured under his or her care during the month, and shall set forth after as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and fifteenth days of each month, to the office of the Commissioner of Health. In case of the birth of any child shall occur, without the attendance of a physician or practitioner of midwifery, or should the other person required to attend upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and upon such report or return shall be entitled to receive a fee of twenty-five cents, which shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70164

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) Fifth Child.

1. Sex, (*state whether male or female*) Male
2. Race or Color, (*if not of the white race*) White
3. Date of Birth, 17th of Nov 1895
4. Place of Birth, (*Street and Number*) Baltimore Md 1519 Eutaw St
5. Full Name of Mother, Della Mahles
6. Mother's Maiden Name, Dreamer
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, John Mahles
9. Father's Occupation Safety
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs Mary Keaning

Address, 414 Stricker St Baltimore Md

Remarks, Mother and Child are doing well

8950007509

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70165

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) ~~Female~~ No 2

1. *Sex*, (*state whether male or female*) Female
2. *Race or Color*, (*if not of the white race*) Color
3. *Date of Birth*, November 17. 1895
4. *Place of Birth*, (*Street and Number*) 1747 Orleans Street
5. *Full Name of Mother*, Marise Kelly
6. *Mother's Maiden Name*, Hutte
7. *Mother's Birthplace*, Baltimore
8. *Full Name of Father*, Charle Kelly
9. *Father's Occupation* Labor
10. *Father's Birthplace*, Westmoreland

Name of Medical Attendant, or other person who makes this Return, Susan Hooper

Address, 123 N Durham Street

Remarks, No Remarks, But Doing Well

1 8 9 5 0 0 0 7 5 1 0

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been considered its sex, color, the full name, occupation of the parents, the date of birth, and the place of birth of each child, and shall be signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, in the manner and within the period above prescribed, any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70166

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Children Mary ~~Jane~~ John Grob

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Nov 17 '95
4. *Place of Birth, (Street and Number)* 1524 N Spring St
5. *Full Name of Mother.* Maggie Grob (Stetter) Weber
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Albert Grob
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Caroline Miller

Address, 1605 Madison St

Remarks,

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said whether it was delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or other person who shall have been delivered, the person in charge of the house in which such birth shall occur, of the person or parents of such attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8 9 5 0 0 0 7 5 1 1

RETURN OF A BIRTH. 70167

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 17
4. *Place of Birth, (Street and Number)* 802 Florence St
5. *Full Name of Mother,* Emma Bertie Thomy
6. *Mother's Maiden Name,* Emma Bertie Brown
7. *Mother's Birthplace,* Baltimore MD
8. *Full Name of Father,* Otis Robert Thomy
9. *Father's Occupation* Cigar Maker
10. *Father's Birthplace,* Thariasburg NC

Name of Medical Attendant, or other person who makes this Return, Mary I Pegram

Address, 2847 Lanvale St W West

Remarks,

8950007512

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, it shall be the duty of the person or persons so in attendance, within the period above required, and in the manner and with the particulars of this section, to make and deliver a certificate of such birth, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained, the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered monthly to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine or len (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70168

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 17th 1895
4. Place of Birth, (Street and Number) 134 S. Mount St
5. Full Name of Mother, Emma B. Clark
6. Mother's Maiden Name, Emma B. White
7. Mother's Birthplace, Balto City Md
8. Full Name of Father, Robert T. Clark
9. Father's Occupation Telegraph Operator
10. Father's Birthplace, A. A. Co. Md

Name of Medical Attendant, or other person who makes this Return, G. W. Slater M.D.

Address, 1634 W. Baltimore St

Remarks,

8950007513

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70169

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, ~~2d, 3d, &c.~~) .....

1. *Sex*, (~~*state whether*~~ *male* ~~*or female*~~) .....
2. *Race* ~~*or Color*, (*if not of*~~ *the white race*) .....
3. *Date of Birth*, ... November 17th 1895.
4. *Place of Birth*, (*Street and Number*) ..... 802 Argyle st
5. *Full Name of Mother*, ... Florence R Whittemore
6. *Mother's Maiden Name*, ... " " Warning
7. *Mother's Birthplace*, ... Balto. City
8. *Full Name of Father*, ... Lawrence F Whittemore
9. *Father's Occupation* ..... Collector
10. *Father's Birthplace*, ... Balto. County

Name of Medical Attendant, or other person who makes this Return, ... J. Rigaway André M D

Address, ... 1123 E Balto st

Remarks, ...

8 9 5 0 0 0 7 5 1 4

Upon the 1st day of April next, and every month thereafter, a full report of all births which have been registered during the preceding month, shall be made by the registrar of vital statistics, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the mother, or in her inability, the nearest relative of the mother, shall be required to report such child to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

mont , and shall set forth as far as the same can be ascertained the full name of each child, (If any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 70170

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Nov. 17th 1895
4. *Place of Birth, (Street and Number)* 538 Roberts St
5. *Full Name of Mother,* Mary Johnston
6. *Mother's Maiden Name,* " " Claspy
7. *Mother's Birthplace,* Connecticut
8. *Full Name of Father,* Wm J Johnston
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return. M. K. Warner MD

Address, 901 N Stricker St

Remarks,

8950007515

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 70171

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth. 17 November
4. Place of Birth, (Street and Number) 409 Dunken alle
5. Full Name of Mother, Kalli Turbel
6. Mother's Maiden Name. Kuli Tilek
7. Mother's Birthplace. Elischau Bohmen
8. Full Name of Father. Jakob Turbel
9. Father's Occupation Shailor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Luise Svalore

Address, 1616 Lutham st

Remarks.

B 4 5 0 6 0 7 5 1 6

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said attendant shall be delivered, if delivered by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case no other person be in attendance without the attendance of a physician or practitioner, the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and shall come within the provisions of this section, and the attendant who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been born), sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the person in charge of the house where such birth shall occur, or the person who shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70172

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, November 17, 1895.
4. Place of Birth, (Street and Number) 291 Hickory ave.
5. Full Name of Mother, Ella May Williams.
6. Mother's Maiden Name, Gistavere.
7. Mother's Birthplace, Md.
8. Full Name of Father, Alfred F. Williams.
9. Father's Occupation Carpenter.
10. Father's Birthplace, Pa.

Name of Medical Attendant, or other person who makes this Return, Charles Mitchell M.D.

Address, 291 Chestnut ave.

Remarks,

8 Y 5 0 0 0 7 5 1 7

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70173

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 17 of November 1895
4. Place of Birth, (Street and Number) 1516 N. Dallas St
5. Full Name of Mother, Mary Schneider
6. Mother's Maiden Name, Mary Eisner
7. Mother's Birthplace, Germany
8. Full Name of Father, James Schneider
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Christina Lauer

Address, 1059 Harford Ave

Remarks, 1895

B 9 5 U 0 0 7 5 1 8

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] contained its sex, color, the full name and occupation of its parents, the date and place of birth; and the [illegible] shall have been duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. Should no other person be in attendance without the attendance of a physician or midwife, the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and shall occur shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be and are hereby declared guilty of a misdemeanor, and upon conviction thereof, shall be fined not less than five nor more than ten dollars, or be imprisoned not more than ten days, or both, at the discretion of the court, and shall be liable to a civil action for the recovery of the penalty provided for in this section, which penalty shall be sued for and recovered as other debts and forfeitures are recoverable. Jected to the fine of ten (10) dollars for each offence, to be recovered as other debts and forfeitures are recoverable.

RETURN OF A BIRTH. 70174

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* colard
3. *Date of Birth,* november 19 - 1895
4. *Place of Birth, (Street and Number)* Baltimore MD 25 clay st
5. *Full Name of Mother,* mattie Kirkland
6. *Mother's Maiden Name,* mattie English
7. *Mother's Birthplace,* Camden SC
8. *Full Name of Father,* Daniel Kirkland
9. *Father's Occupation* Labrer
10. *Father's Birthplace,* Camden SC

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, [illegible] Kirkland

Remarks,

1 8 9 5 0 0 0 7 5 1 9

been concerned) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed, to the practitioner in the form of a certificate between the first and third day of each month, to be by him transmitted to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter, to comply with the provisions of this section, shall be subject to the penalty of twenty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70175

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 1st day of November 1899
4. *Place of Birth, (Street and Number)* 231 North Fulton Ave.
5. *Full Name of Mother,* Ella Engleman
6. *Mother's Maiden Name,* Ella Hyatt
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Lindt Washington Engleman
9. *Father's Occupation* Machinist
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, Susan E. Hunter

Address, 23 N. Pennington St.

Remarks,

1 8 9 5 0 0 0 7 5 2 0

Wm. J. C. Dulany Co., City Printers and Stationers.

NOTE.—It is the duty of the parents of every child born in this City, or in case of their inability, the attendant, to report the birth of such child, and the name and surname, if any, shall be given, if the child be a male, and the sex, color, the full name and occupation of its parents, the date and place of birth, and the number of the house, if any, shall be recorded, if the child be a female, and the same shall be reported to the Registrar of Vital Statistics, Board of Health, Baltimore City, within twenty-four hours after birth, and the same shall be reported to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parents of such child to report the birth, and the name and surname of such child, if any, and the sex, color, and the full name and occupation of the parents, and the place of birth, and the number of the house, if any, within the period above specified, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70176

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12th.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* November 18 1895
4. *Place of Birth, (Street and Number)* 2423 Eastern Ave.
5. *Full Name of Mother,* Elizabeth West
6. *Mother's Maiden Name,* Elizabeth Engelbright.
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Jacob West Jr.
9. *Father's Occupation* Police Officer. E.D.
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Report, Washington E.D.

Address, 201 N. Broadway

Remarks, Boy 7.5.21

8 1 8 0 0 0 7 5 2 1

Wm. J. C. Dulany Co., City Printers and Stationers.

...on correct) its sex, color, the full name and occupation of its parents, the date and place of birth; and the third day of each and every month, or oftener if required, shall report to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance within the mother, immediately thereafter it shall become the duty of the person or persons of such household to report its birth to the Commissioner of Health, who shall furnish the blank form of certificate above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars or such offence to be recovered as other fines and forfeitures are recoverable.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall become the duty of the person or persons in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70177

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 th.

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* November 18 1895.
4. *Place of Birth, (Street and Number)* 1534 Johnson st.
5. *Full Name of Mother,* Mary Nellin
6. *Mother's Maiden Name,* Spelker
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Frang. Nellin
9. *Father's Occupation* Workingman
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. Carolina Schmarty

Address, 434 Fort ave.

Remarks,

8 9 5 0 0 0 7 5 2

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70178

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* —
3. *Date of Birth,* Nov 18/95
4. *Place of Birth, (Street and Number)* No. 510 Madison Str
5. *Full Name of Mother,* Sadie Witter
6. *Mother's Maiden Name,* na Hennick
7. *Mother's Birthplace,* Balti
8. *Full Name of Father,* John A Witter
9. *Father's Occupation* Hardware
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. L. Gross

Address, No. 1907 E Monument Str

Remarks,

1 8 9 5 0 0 0 7 5 2 3

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother immediately after the birth, the parents or other person having charge of such child to report its birth to the Commissioner hereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner hereafter. In the parents and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine or ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70 179

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 18th 1895
4. Place of Birth, (Street and Number) 1436 Block Street
5. Full Name of Mother, Alice V. Horn
6. Mother's Maiden Name, Alice V. Fowler
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Charles L. Horn
9. Father's Occupation. Laboring
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mary Engelhart

Address, 1726 Eastern Ave Balto Md.

Remarks,

8950007524

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the attendant, in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parents of such child to report its birth to the Commissioner of Health, in manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70180

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth.* Nov. 18th 1895
4. *Place of Birth, (Street and Number)* 332 Rose St
5. *Full Name of Mother,* Ella Ridout
6. *Mother's Maiden Name,* Ella Ridout
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Willington Ridout
9. *Father's Occupation* Waiter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Jackson A. Ward M.D.

Address. Hanford Genl Hospital.

Remarks.

8950007525

Wm. J. C. Dulany Co., City Printers and Stationers.

sent contracted) his sex, color, the full name and occupation of its parents, the date and place of birth; and the said physician shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or should no other person be in attendance, then the mother, or in her stead, the nurse or other person or persons present at such birth, shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

SAFETY FILM

RETURN OF A BIRTH. 70181

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Nov 18th 1895
4. Place of Birth, (Street and Number) 1508 Bonner Street
5. Full Name of Mother, Josephine Hawkins
6. Mother's Maiden Name, Coleman
7. Mother's Birthplace, Balto.
8. Full Name of Father, Frank V Hawkins
9. Father's Occupation Butcher
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs Hannah Knowles

Address, 2103 Orleans Street Balto.

Remarks,

8950007526

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the name of the attendant, if any, on blank forms to be furnished by the Commissioner of Health, and the same shall be delivered, duly signed, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicaner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the parents or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70182

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 18 November
4. *Place of Birth, (Street and Number)* 1425 Volk St.
5. *Full Name of Mother,* Mary Beran
6. *Mother's Maiden Name,* Mary Paulat
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Jems Beran
9. *Father's Occupation* Waterman
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Luise Sailore

Address,

Remarks,

8950007527

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70183

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) V

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov. 18 1895
4. *Place of Birth, (Street and Number)* 2524 E. Balto. Str.
5. *Full Name of Mother,* Franziska Schacht
6. *Mother's Maiden Name,* " Rudek
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Joseph Schacht
9. *Father's Occupation* Bookkeeper
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough Str.

Remarks,

1 8 9 5 0 0 0 7 5 2 8

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month, and shall set forth under as the same can be ascertained the full name of each child, (if any shall have been born) the sex, color, date and place of birth, the full name and occupation of the parents, the date and place of marriage of the parents, and the said schedule shall be delivered to the Registrar of Vital Statistics, or other person duly appointed by the Commissioner of Health, within the first and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the parents of such child to report the fact to the Commissioner of Health, in the manner and within the period above prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70184

GIVEN NAME ADDED 8-1-54

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Harold Field Gambrill

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 18 1895
4. Place of Birth, (Street and Number) 1402 N. Gilmor St
5. Full Name of Mother, Bessie Gambrill
6. Mother's Maiden Name, Bessie Schimmel
7. Mother's Birthplace, Balto
8. Full Name of Father, Horatio N Gambrill
9. Father's Occupation, Agent
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, A C Pold

Address,

Remarks,

1 8 9 5 0 0 0 7 5 2 9

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been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the number of such child, and every stillbirth shall be certified by the practitioner in the form of a certificate between the living and said schedule shall be delivered, within twenty-four hours after birth, by the person in charge thereof, to the third day of each and every month to the office of the Commissioner of Health. Should no other person be in attendance upon the mother, immediately after the birth of a child, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 701854

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 d.

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Nov. 18. 13. 45. A. M.
4. Place of Birth, (Street and Number) 1012. Lumpton Street.
5. Full Name of Mother, Louise Stewart,
6. Mother's Maiden Name, Wheeler,
7. Mother's Birthplace, Balto. Md.
8. Full Name of Father, John Edward Stewart,
9. Father's Occupation Carpenter.
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Hawes

Address, 632. N. Fremont Ave.

Remarks,

18950 07530

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70186

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd child Boy

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 18 November 1895.
4. *Place of Birth, (Street and Number)* Fulham st. 15 19.
5. *Full Name of Mother,* Lena Lix
6. *Mother's Maiden Name,* Lena Miller.
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Charles Lix
9. *Father's Occupation* Paper hanger
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address, Mabarie Elica

Remarks, 1625 Hopkins Ave

1 8 9 5 0 0 0 7 5 3 1

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been born alive,) the name, age, and occupation of its parents, the date and place of birth; and the name of the physician, nurse, or other person in attendance, or if none, of the woman in whose house the child shall be delivered, duly signed by the person making the return. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the parents of such child to report the birth to the Commissioner of Health, in the manner and within the period hereinbefore prescribed; and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70187

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 18th 1905
4. *Place of Birth, (Street and Number)* 1330 Eaton St
5. *Full Name of Mother,* Katie Smith
6. *Mother's Maiden Name,* Horbar
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Smith
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Thos McDevitt

Address,

Remarks,

1 8 7 5 0 0 0 7 5 3 2

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly filled and signed by the practitioner in the form of a certificate between the first and third day of each month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or there be no other person in attendance upon the mother, immediately thereafter, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or parents who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 70188

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 18/95
4. Place of Birth, (Street and Number) 516 S. Durham Str.
5. Full Name of Mother, Mary Mack
6. Mother's Maiden Name, " Schwab
7. Mother's Birthplace, Germany
8. Full Name of Father, Gustav Mack
9. Father's Occupation Carpenter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Wm. Deisenhofer

Address, 222 S. Gough Str.

Remarks,

+ 8 9 5 0 0 0 7 5 3

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth safe as the same can be ascertained the full name of each child, (if any shall be born alive,) the sex, color, and occupation of its parents, the date and place when the first and last child shall have been conferred) its sex, color, the full name of its father, and the number of the previous children of such mother, and the said schedule shall be delivered, within one week after the birth, by the practitioner in the form of a card, and be signed by the attendant or person who officiated as midwifery, or should no other person be in attendance, upon the mother, immediately after the birth, in the manner and within the time required, and shall cause a duplicate thereof to be delivered to the Commissioner of Health, in the manner and within the time required, and shall be liable to the penalty hereinafter provided for such offence. If shall become the duty of the person or persons required, and shall cause a duplicate thereof to be delivered to the Commissioner of Health, in the manner and within the time required, and shall be liable to the penalty hereinafter provided for such offence. In case the birth of any child shall occur without the attendance of a physician, or if shall become the duty of the person or persons required, and shall cause a duplicate thereof to be delivered to the Commissioner of Health, in the manner and within the time required, and shall be liable to the penalty hereinafter provided for such offence. Any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70189

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Shakespeare St. 1610
4. *Place of Birth, (Street and Number)* Nov. 18th
5. *Full Name of Mother,* Josie Brookmeska
6. *Mother's Maiden Name,* " Bunava
7. *Mother's Birthplace,* Poland
8. *Full Name of Father,* Mike Brookmeska
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Poland

Name of Medical Attendant, or other person who makes this Return, Mary Kutzka

Address, 602 N. Bond St.

Remarks.

1895009534

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said medicinic shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in the city of Baltimore; and no birth shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, the person who shall hereafter it shall become the duty of the person or parents of such child (except in the case of twins, when the parents or the person who shall have charge of the twins shall be the person) to report its birth to the Commissioner of Health, in the manner and within the period above recited, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70190

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Balto. Nov 18/95
4. *Place of Birth, (Street and Number)* #110 N Pratt St. Balto. Md.
5. *Full Name of Mother,* Rosalia Cayer
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Poland
8. *Full Name of Father,* Stephen Cayer
9. *Father's Occupation* Shoe Maker
10. *Father's Birthplace,* Poland

Name of Medical Attendant, or other person who makes this Return, Mrs. Lena Barber

Address, 41 E. York St. Balto. Md.

Remarks,

1895 0007535

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and the 10th day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should the person or parents of such child or report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately hereafter. It shall become the duty of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70191

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 18 November
4. *Place of Birth, (Street and Number)* S Bond St. 1600
5. *Full Name of Mother,* Mary Rachuba
6. *Mother's Maiden Name,* Maiczeria
7. *Mother's Birthplace,* Pole
8. *Full Name of Father,* Martin Rachuba
9. *Father's Occupation* Work man
10. *Father's Birthplace,* Pole

Name of Medical Attendant, or other person who makes this Return.

Address, S Bond St. 838

Remarks, Mary Brell

1895U007536

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RETURN OF A BIRTH. 70192

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 18, 1895
4. Place of Birth, (Street and Number) 410 W. Hoffman St.
5. Full Name of Mother, Lillian Crispin
6. Mother's Maiden Name, "
7. Mother's Birthplace, Md.
8. Full Name of Father, John McIntyre
9. Father's Occupation, Printer
10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return, Louise Eaton, M. D. Res.

Address, Maternity Annex Med. College

Remarks, 410 W. Hoffman St.

8950007537

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every attendance of a physician or midwife upon the mother, immediately after it shall become the duty of the person or persons in attendance upon such mother to give notice of the birth to the office of the Commissioner of Health, in the manner and within the period above required, and shall occur without such attendance, or if such attendant or attendants shall be a midwife, or should no other person or persons be in attendance upon such mother, it shall then be the duty of such midwife or other person or persons to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered, as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 70193

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

Name of Child: Kenneth Gilbert Price

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 18 - 1915
4. Place of Birth, (Street and Number) 1221 Hanover St
5. Full Name of Mother, Mary Price
6. Mother's Maiden Name, Mary Connell
7. Mother's Birthplace, Erie Penn
8. Full Name of Father, Francis Price
9. Father's Occupation Printer
10. Father's Birthplace, Hartford Conn

Name of Medical Attendant, or other person who makes this Return, John L. Frazers

Address, 516 Hanover St.

Remarks, The Mother gave birth to twins both male one born alive and the other still born

895U007538

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70194

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Nov. 18, 1895
4. *Place of Birth, (Street and Number)* 240 W. Hoffman St.
5. *Full Name of Mother,* Gladys Wickes
6. *Mother's Maiden Name,* Robinson
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* Joseph A. Wickes
9. *Father's Occupation* Judge Circuit Court, 2nd Judicial Circuit
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, G Lane Taneyhill

Address, 1103 Madison Ave.

Remarks, 3 weeks premature

18950007539

month, and shall set forth safer as the same can be ascertained the full name of each child, if any, and shall have been conferred its sex, color, the full name and surname of the mother, the place of birth, and the full name and surname of the father, and the occupation of the father, and shall be signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person at the attendance upon the mother immediately after the birth of such child, then it shall be the duty of every person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 70195

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov. 19/95
4. *Place of Birth, (Street and Number)* 2314 Fairmount Ave.
5. *Full Name of Mother,* Mary Decker
6. *Mother's Maiden Name,* " Miller
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Jacob Decker
9. *Father's Occupation* Storekeeper
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Lyndale St.

Remarks,

1 8 9 5 0 0 0 7 5 4 0

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] sex, color, the full name and occupation of its parents, the date and place of birth and the [illegible] said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, then the mother or other person in charge of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70196

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 child

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, nov 19 1896
4. Place of Birth, (Street and Number) 5+8 Richard ave
5. Full Name of Mother, Lydia F List
6. Mother's Maiden Name, shue
7. Mother's Birthplace, Nova Senilvia
8. Full Name of Father, Peter F list
9. Father's Occupation labor
10. Father's Birthplace, Carroll County Md

Name of Medical Attendant, or other person who makes this Return, Martha E Pinc

Address, #575 Richard ave city

Remarks.

895000754 1

Wm. J. C. Dulany Co., City Printers and Stationers.

70197

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether ~~1st~~, 2d, ~~3d, &c.~~) Second

1. Sex (state whether ~~male or~~ female) Female
2. Race or Color (if not of the white race) White
3. Date of Birth 2.50 A.M. 19th November, 1895.
4. Place of Birth (Street and Number) 619 N. Calhoun St. Balto, Md.
5. Full Name of Mother Alice Anna White
6. Mother's Maiden Name Alice Anna Slater
7. Mother's Birthplace Baltimore, Maryland.
8. Full Name of Father Robert William White
9. Father's Occupation Salesman, = Wholesale Dry Goods &c
10. Father's Birthplace Baltimore, Maryland.

Name of Medical Attendant, or other Person who makes this Return. Wm. J. Irwin M. D.

Address 1530 Linden Av. Balto, Md.

Remarks Recently moved from N. Franklin St.

8 9 5 U U 8 7 5 4 2

at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 70198

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) third

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth,* November 19
4. *Place of Birth, (Street and Number)* 1067 Raborg st
5. *Full Name of Mother,* Gusty Heall
6. *Mother's Maiden Name,* Gusty Morris
7. *Mother's Birthplace,* Baltimore city
8. *Full Name of Father,* Charles E Heall
9. *Father's Occupation* Cooper
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, ~~Broadnick~~ Green Coralind

Address, 1066 Raborge st

Remarks, Born sick

8 9 5 0 0 0 7 5 4 3

RETURN OF A BIRTH. 70199

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 2nd

1. *Sex*, (*state whether male or female*) Male
2. *Race or Color*, (*if not of the white race*) Colored
3. *Date of Birth*, Jan 19th
4. *Place of Birth*, (*Street and Number*) 1514 W. Fredk
5. *Full Name of Mother*, Mrs Ida L Green
6. *Mother's Maiden Name*, Miss Ida L Williams
7. *Mother's Birthplace*, Baltimore
8. *Full Name of Father*, John H. Green
9. *Father's Occupation* Painter
10. *Father's Birthplace*, Baltimore

Name of Medical Attendant, or other person who makes this Return. Caroline Patterson

Address, 419 Lewis St.

Remarks, as well as can be expected.

1 8 9 5 0 0 0 7 5 4

third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall become the duty of the person or persons with whom the mother of such child resides, or in the absence of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70200

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 19th November 1895
4. Place of Birth, (Street and Number) #1630 W. Lombard St
5. Full Name of Mother, Elizabeth Mary Wimmer
6. Mother's Maiden Name, " " Volk
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Edward Wimmer
9. Father's Occupation, Piano Maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Seibach

Address, 735 W. Pratt st

Remarks,

1895U007545

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RETURN OF A BIRTH. 70201

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) — 3 —

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Nov — 19 — 1895
4. *Place of Birth, (Street and Number)* 2322 E. Balto. St.
5. *Full Name of Mother,* Elise S. a Lehaly
6. *Mother's Maiden Name,* " " " "
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Albert Wm. Eisenbrandt
9. *Father's Occupation,* Music Dealer
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return, P. G. Dausch

Address, 1731 E. Balto. St.

Remarks,

8 7 5 0 0 0 7 5 4 6

and schedule shall be kept, and the name and occupation of its parents the date and place of birth; and the third day of each month every such physician or other person shall report in the form of a certificate herein provided for and shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person last mentioned, or other person, to report the birth to the Commissioner of Health, in the manner and within the time prescribed in any such section, and any such person who shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 70202

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 19/95
4. Place of Birth, (Street and Number) 658 Portland St
5. Full Name of Mother, Miss Florence M Clagey
6. Mother's Maiden Name, Miss Florence M Eley
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Mr Harry Clagey
9. Father's Occupation Driver
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Geo Lange

Address, 711 Cross St

Remarks,

8950007547

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the name of the physician or midwife, if any, present at the birth, and shall have such certificate signed by such physician or midwife, if any, and shall deliver or cause to be delivered within the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, and every person who shall neglect or refuse to make any such report, or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70203

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 19 1895
4. *Place of Birth, (Street and Number)* 231 N Washington St
5. *Full Name of Mother,* Sara Smith
6. *Mother's Maiden Name,* Sara Peacock
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Smith
9. *Father's Occupation* Tinner
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs M. E. Clagg

Address, 220 E. Eutaw St

Remarks, City

1 8 9 5 0 0 0 7 5 4 8

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71304

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name Child! Joseph ~~Bullock~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 19 November - 1895
4. *Place of Birth, (Street and Number)* Eliciana St. 1614
5. *Full Name of Mother,* Josephine ~~Botch~~ Bullock
6. *Mother's Maiden Name,* Gudeck
7. *Mother's Birthplace,* Bohmen
8. *Full Name of Father,* Joseph ~~Botch~~ Bullock
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return

Address, S. Bond st. 838

Remarks, Mary Bell

1 8 9 5 0 0 0 7 5 4 9

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, to be kept by said Commissioner, and in attendance upon the mother, immediately hereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70205

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 2 child

1. *Sex,* (*state whether male or female*) Male
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* Jan 10 1895
4. *Place of Birth,* (*Street and Number*) 822 Canton ave
5. *Full Name of Mother,* Rosina Bach
6. *Mother's Maiden Name,* Rosina Strat
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Henry Bach
9. *Father's Occupation* Labor
10. *Father's Birthplace.* Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm. M. B. Pierce

Address, 525 E. Baltimore st

Remarks, City.

1 8 9 5 0 0 0 7 5 5 0

been omitted) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the physician or midwife, to the person who shall first give the certificate between the first and the fifteenth day of each and every month to the office of the Commissioner of Health, in the manner prescribed by the said schedule; and the attendance upon the mother in attendance as a physician or practioner of midwifery, or should no other person be in attendance upon the mother, then the person who shall have charge of the house in which the child shall have been born, shall be the person who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70206

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother; (state whether 1st, 2d, 3d, &c.) Fourth.

1. *Sex, (state whether male or female)* Male.

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Nov. 19th

4. *Place of Birth, (Street and Number)* Beason Str. near Decatur.

5. *Full Name of Mother,* Elisabeth Dalhoff.

6. *Mother's Maiden Name,* E. Kirschmann.

7. *Mother's Birthplace,* Baltimore, Md.

8. *Full Name of Father,* Henry Dalhoff.

9. *Father's Occupation* Pastor

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Amalie Boecker.

Address, 1339. Hull Str.

Remarks,

8950007551

same can [illegible] ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered duly filled to the Coroner or Justice of the Peace, who shall be the person to whom the first and third day of each and every month to the office of the Coroner or Justice of the Peace, who shall be the person to whom the first and shall occur without the attendance of a physician or practioner of midwifery, or should no other person be the child occurred, the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report the birth to the Coroner or Justice of the Peace, who shall be the person to whom the first and third day of each and every month to the office of the Coroner or Justice of the Peace, who shall be the person to whom the first and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70207

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* —
3. *Date of Birth,* Mar 19. 1905
4. *Place of Birth, (Street and Number)* No. 236 N. Chester St
5. *Full Name of Mother,* Lizzie Dorsey
6. *Mother's Maiden Name,* Friedrich
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wm C. Dorsey
9. *Father's Occupation* Carpenter & Builder
10. *Father's Birthplace,* U.S.

Name of Medical Attendant, or other person who makes this Return, Mrs L. Gross

Address, No. 1907 E. Monument St.

Remarks,

B 7 5 0 0 7 5 5 2

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70208

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* November th 19 1895
4. *Place of Birth, (Street and Number)* rain st 621
5. *Full Name of Mother,* Lizzey Harris
6. *Mother's Maiden Name,* Lizzey Cross
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Cross
9. *Father's Occupation* labour
10. *Father's Birthplace,* Charlestown

Name of Medical Attendant, or other person who makes this Return, Sarrah Jane Thomison

Address, 124 west Lurey st

Remarks, full 9 month

1895 0 0 7 5 5 3

Wm. J. C. Dulany Co., City Printers and Stationers.

Sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health. It shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, if there be no other person to be in attendance upon the mother, immediately thereafter; and within the period above recited, and shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above recited, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70 209

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fourth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* November 18th 1895
4. *Place of Birth, (Street and Number)* 539 Kirkpatrick Lane
5. *Full Name of Mother,* Mollie E. Lisle
6. *Mother's Maiden Name,* French
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Enoch H. Lisle
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* France

Name of Medical Attendant, or other person who makes this Return. Mrs Hunter

Address, 23 N Payson Pelton St

Remarks,

8 9 5 0 0 0 7 5 5 4

be entered the sex, color, the full name and occupation of its parents, the date and place of birth, and the name of the attending physician or midwife, if any, in a certificate to be kept in each school, and shall have such school-room, or other place, open for the reception of such certificate between the first and third day of each and every month to the office of the Commissioner of Health. Further, be it ordained, that if any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child or children to make a return to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70210

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 19 1895
4. Place of Birth, (Street and Number) Bond st 108
5. Full Name of Mother, Mary Habisak
6. Mother's Maiden Name,
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry Habisak
9. Father's Occupation Labor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mary Shapiro

Address, N Washington st 205

Remarks,

1895000755 5

Wm. C. Dulany Co., City Printers and Stationers.

[illegible] shall be the full name and occupation of its parents, the date and place of birth, and the sex, color, and whether first and [illegible] child of each mother, duly signed by the practitioner in the form of a certificate to be sworn to, and the said schedule shall be delivered every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately after the birth, the person who shall become the duty of the person or parents of such child to report the birth, in the manner and within the period prescribed by the rules and regulations of the Commissioner of Health, in the manner and within the period prescribed by the rules and regulations of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[illegible] shall be conferred) the sex, color, and whether first and [illegible] child of each mother, duly signed by the practitioner in the form of a certificate to be sworn to, and the said schedule shall be delivered every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately after the birth, the person who shall become the duty of the person or parents of such child to report the birth, in the manner and within the period prescribed by the rules and regulations of the Commissioner of Health, in the manner and within the period prescribed by the rules and regulations of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70211

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Lo White
3. Date of Birth, Nov. 19th 95
4. Place of Birth, (Street and Number) 677 Columbia Ave.
5. Full Name of Mother, Louisa Hadum
6. Mother's Maiden Name, " Albrecht
7. Mother's Birthplace, Balto.
8. Full Name of Father, Fred. Hadum
9. Father's Occupation, Machinist
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return, L. L. Boddenhorn

Address, 418 S. Paca St.

Remarks,

8 9 5 0 0 0 7 5 5 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70212

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 19 1895
4. *Place of Birth, (Street and Number)* Fayette st 2128
5. *Full Name of Mother,* Mary Schmicht
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Albert Schmicht
9. *Father's Occupation* Lobor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary Keptes

Address, N Washington st No 205

Remarks,

8 9 5 0 0 0 7 5 5 7

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the [illegible] shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and [illegible] day of each month, to the office of the Commissioner of Health, for each birth of any child [illegible] shall occur without the attendance of a physician or practioner of midwifery, or should no other person fail to [illegible] attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70213

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race)
3. Date of Birth, 19 November
4. Place of Birth, (Street and Number) 1316 Light St
5. Full Name of Mother, Clara Veltz
6. Mother's Maiden Name, Clara Burck
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry Veltz
9. Father's Occupation Baker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Max Berger

Address, 714 Cross St.

Remarks,

been collected) its sex, color, the full name and occupation of its parents, the date and place of birth, and the number of such child born to the mother, immediately thereafter it shall become the duty of the person or persons in attendance upon the mother, immediately thereafter to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

L 8 9 5 0 0 0 7 5 5 8

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly filled out, by the attending physician or midwife, or in case there be no such attendance upon the mother, then by the person in charge of such child, to report its birth to the Commissioner of Health, in the manner and within the period prescribed by law; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for such offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 12-4-57

RETURN OF A BIRTH. 70214

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Minna Caralyn Selendorf

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 19th 1895
4. *Place of Birth, (Street and Number)* 700 Columbia ave
5. *Full Name of Mother,* Leon Selendorf
6. *Mother's Maiden Name,* " Heatberg
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Henry A. C. Selendorf
9. *Father's Occupation* Saloon keeper
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Wm Boyle

Address, W Cross St

Remarks,

1 8 9 5 0 0 0 7 5 5 9

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 4-23-57

RETURN OF A BIRTH. 76215

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Rosine Elizabeth Langgood

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 19th 1895
4. *Place of Birth, (Street and Number)* 312 N. Schroeder st.
5. *Full Name of Mother,* Margarette Langgood
6. *Mother's Maiden Name,* Margarette Roebele
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John G. Langgood
9. *Father's Occupation* Tonsorial Artist
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1 8 9 5 0 0 0 7 5 6 0

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of its birth, and the number of such child of the mother, and shall be delivered, duly signed by the practitioner in the presence of the parents, the date and place of such birth and every month to the Commissioner of Health, Baltimore City, and the first and third days of each month to the Commissioner of Health, Annapolis, or, in case the birth of such child shall occur without the attendance of a physician, or practitioner, then the person or persons in attendance upon the mother immediately thereafter shall announce the duty of the person or other person in any such report to the Commissioner of Health, in the manner and within the period above specified, and shall be liable to the fine of ten (10) dollars for each offence, or be prosecuted as other fines and forfeitures are recoverable.

Any physician or other person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, or be prosecuted as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70216

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan 17 18 95
4. Place of Birth, (Street and Number) Within Abr 17 39
5. Full Name of Mother, Jenny Patterson
6. Mother's Maiden Name, Jenny Quillin
7. Mother's Birthplace, ireland
8. Full Name of Father, James Patterson
9. Father's Occupation Blacksmith
10. Father's Birthplace, ireland

Name of Medical Attendant, or other person who makes this Return, Jew D Kelly

Address, Jr 17-22 Wilkins ave

Remarks,

8950007561

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth and the child should be delivered, only in the office of the commissioner of health, or in case the birth of any child said schedule of each and every birth, in the form of a certificate, which shall be required, and every person who shall be a member of the medical profession, or other person required, and attendance upon such birth to the Commissioner of Health, in the manner and within the period of time required, and shall occur without the attendance of a physician or midwife, shall be required to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70217

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 19 1895
4. *Place of Birth, (Street and Number)* Wolf st 1100
5. *Full Name of Mother,* Mary H Lavinka
6. *Mother's Maiden Name,* Bohaimer
7. *Mother's Birthplace,* Frank H Lavinka
8. *Full Name of Father,* Laboy
9. *Father's Occupation* Boheimer
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. Mary Kaftis

Address, N Washington st 205

Remarks,

1 8 9 5 0 0 0 7 5 6 2

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth and the number of children born to the mother, duly signed by the practitioner in the form of a certificate given the first and said schedule shall be delivered month to the office of the Commissioner of Health, in case the birth of any child attended by a midwife, or another person or persons, or should no other person be in attendance upon the mother, immediately after the birth, in the manner and within the period prescribed, and child to report its birth to the Commissioner of Health, in the manner and within the period prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71218

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 1

1. *Sex*, (*state whether male or female*) Boy
2. *Race or Color*, (*if not of the white race*) White
3. *Date of Birth*, 19 November
4. *Place of Birth*, (*Street and Number*) S. Bond St. 502
5. *Full Name of Mother*, Tinny Chmura
6. *Mother's Maiden Name*, Stras
7. *Mother's Birthplace*, Pole
8. *Full Name of Father*, Stanislav Chmura
9. *Father's Occupation* Workman
10. *Father's Birthplace*, Pole

Name of Medical Attendant, or other person who makes this Return,

Address, S. Bond St. 838

Remarks, Mary Beth.

8 9 5 0 0 0 7 5 6 3

Wm. C. Dulany Co., City Printers and Stationers.

Each schedule shall be delivered, duly authenticated, to the Commissioner of Health, within the first and third day of each and every month to the office of the Commissioner of Health, a true and perfect return of the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report to the Commissioner of Health, by such means and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70219

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 19th 1895.
4. Place of Birth, (Street and Number) 911 Stirling Street
5. Full Name of Mother, Ivy. Boyle
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father, Charles Boyle
9. Father's Occupation Hackman
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Jane West

Address, 804 Stirling Street

Remarks,

6 Y 5 0 0 0 7 5 6 4

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and if live still-born, the cause of death, duly signed by the practitioner in the form of a certificate, between the first and the fifth day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately after the birth of any child, or should any child born alive still occur without the attendance of a physician, it shall become the duty of the parents, or parents of such child to report the same to the Commissioner of Health, in the manner and within the time prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, or person or firm of undertakers, to the office of the Commissioner of Health, at least the first and third days of each and every month to the office of the Commissioner of Health, at least once within one week after the birth of any child attended upon the mother, or of a physician or practitioner of midwifery or should no other person duly qualified to report its birth to the Commissioner of Health, in the manner and within the time specified, and every such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70220

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* Nov 19th 1895
4. *Place of Birth, (Street and Number)* 227 York st
5. *Full Name of Mother,* Mary Johnson
6. *Mother's Maiden Name,* Mary Ward
7. *Mother's Birthplace,* Kent Co Md
8. *Full Name of Father,* Oscar Johnson
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Norfolk Va.

Name of Medical Attendant, or other person who makes this Return. Dulley Gross

Address, No 428 Hanburg st

Remarks,

8 9 5 0 0 0 7 5 6 5

WM J O SULLIVAN CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 70221

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* with
3. *Date of Birth,* 20 November 1895
4. *Place of Birth, (Street and Number)* 433 N. Washington Str
5. *Full Name of Mother,* Florenz Meuller
6. *Mother's Maiden Name,* — — Schandell
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Meuller
9. *Father's Occupation* Detektiv
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs H. Kron Mitwife

Address. 1922 E. Fayette Str

Remaries.

1 8 9 5 0 0 0 7 5 6 6

Wm. J. C. Dulany Co., City Printers and Stationers.

Every person in charge of a house, shall be the name and occupation of its parents, the date and place of birth; and the said school shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the presence of a physician or midwife, it shall be the duty of the person in charge of such attendance upon the mother, immediately thereafter it shall become the duty of the person in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the name and residence of the physician or midwife, if any, in attendance, shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or other person who shall be in charge of said office, who shall forthwith issue a certificate of birth, which certificate shall be in form as prescribed by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person or persons in attendance upon the mother, or the father of such child, or the occupant of the premises where such child is born, to report its birth to the Commissioner of Health, who shall forthwith issue a certificate of birth; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

CITY NAME ADDED 11-18-55 70222

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Anna McCurley ~~Dummer~~ 3 2d.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) W
3. Date of Birth, Nov 20/95
4. Place of Birth, (Street and Number) 1309 E. Eager St.
5. Full Name of Mother, Alice G. Dunlea
6. Mother's Maiden Name, " " Flaherty
7. Mother's Birthplace, B. C.
8. Full Name of Father, Albert W. Dunlea
9. Father's Occupation, Book-Keeper
10. Father's Birthplace, B. C.

Name of Medical Attendant, or other person who makes this Return, Geo. L. Wilkins M.D.

Address, 6 N. Broadway

Remarks,

6 9 5 0 0 0 7 5 6 7

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70223

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 20 November
4. *Place of Birth, (Street and Number)* 322 Central Ave
5. *Full Name of Mother,* Annie Silingner
6. *Mother's Maiden Name,* Annie Lochard
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Jake Lochner
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Schumann

Address, 2592 East Fayette st

Remarks,

8950007568

Any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70324

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* November 20th 1895
4. *Place of Birth, (Street and Number)* 612 S Bethel Street
5. *Full Name of Mother,* Mary Donfelser
6. *Mother's Maiden Name,* Mary Schaffer
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Louis Donfelser
9. *Father's Occupation,* Laboring
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mary Engelhart

Address, 1126 Eastern Ave Balto Md

Remarks,

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall be the duty of the person or parents of such child to report to the mother, immediately thereafter, it shall become the duty of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

6950007569

Wm J C. Dulany Co., City Printers and Stationers.

been conferred) his sex, color, the full name and occupation of his parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, shall forthwith report the birth of such child to the Commissioner of Health, in the manner and within the period above required, and shall be liable to the penalties and forfeitures provided in the sections which follow, and be subject to the fine of ten (10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70225

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Two.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth. November 20th 1895
4. Place of Birth, (Street and Number) #1105 Bowen St Baltimore Maryland
5. Full Name of Mother, Grace Gertrude Fager
6. Mother's Maiden Name, Grace Gertrude Metcalf
7. Mother's Birthplace, Baltimore Maryland
8. Full Name of Father, James Francis Fager
9. Father's Occupation Foreman
10. Father's Birthplace, Baltimore Maryland

Name of Medical Attendant, or other person who makes this Return, Susan Hartter

Address, 23 N Eggleston St

Remarks,

1 8 9 5 0 0 0 7 5 7 0

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70226

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 20th
4. *Place of Birth, (Street and Number)* 104 N Dukeman St
5. *Full Name of Mother,* Mary E Pappalt
6. *Mother's Maiden Name,* Smith
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* William F C Pappalt
9. *Father's Occupation* Driver
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, M L Dempsey

Address, 2624 E Pratt St

Remarks, All Well

8 9 5 0 0 0 7 5 7 1

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 70227

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 20th November 1875
4. Place of Birth, (Street and Number) 37 W. West St
5. Full Name of Mother, Maggie ~~Marie~~ Lobiane,
6. Mother's Maiden Name, " Marion
7. Mother's Birthplace, Baltimore,
8. Full Name of Father, Fred. Lobiane,
9. Father's Occupation, Box maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Maggie A Wilkinson

Address, No. 14 W. Cross St.

Remarks,

1 8 9 5 0 0 0 7 5 7 2

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child attended without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, then the father or mother of such child shall within the period of twenty-four hours after such child to report its birth to the Commissioner of Health, in the manner and within the period above prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED. 7-8-57

RETURN OF A BIRTH. 70228

Ellen Marie Sands

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 20 1895
4. Place of Birth, (Street and Number) 1100 W Pratt St.
5. Full Name of Mother, Mary Elizabeth Sands
6. Mother's Maiden Name, Mary = O'Dea
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, John Edward Sands
9. Father's Occupation Labor
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. [illegible]

Address, 23 N Fremont St

Remarks,

8 9 5 0 0 0 7 5 7 3

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GIVEN NAME ADDED. 4/27/1956 #4

RETURN OF A BIRTH.

70229

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Anna McCurley Summers

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) F

2. Race or Color, (if not of the white race) W

3. Date of Birth, Nov 20 1895

4. Place of Birth, (Street and Number) 1921 Park Av

5. Full Name of Mother, Nannie Summers

6. Mother's Maiden Name, McCurley

7. Mother's Birthplace, Balto

8. Full Name of Father, Chas G Summers Jr

9. Father's Occupation, Clerk

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. R. Winslow

Address,

Remarks,

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

8950007574

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

een con errec its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 2-17-56

RETURN OF A BIRTH. 71231

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Elsie Marie Magers

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov. 20/95
4. *Place of Birth, (Street and Number)* 1901 N. Lauvale St
5. *Full Name of Mother,* Mary Emma Magers.
6. *Mother's Maiden Name,* Mary Emma Peppler
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* H Webster Magers.
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. A C Pole

Address, 2038 Madison a

Remarks,

8 [illegible] 5 0 0 0 7 5 7 5

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70232

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* November 20, 1895
4. *Place of Birth, (Street and Number)* #206 N. Aisquith Street
5. *Full Name of Mother,* Rozenia Brown
6. *Mother's Maiden Name,* " Harris
7. *Mother's Birthplace,* Cambridge Dorchester Co. Md
8. *Full Name of Father,* Richard Brown
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Susan Hooper

Address, #123 N. Durham St.

Remarks,

8 9 5 0 0 0 7 5 7 6

been conferred) its sex, color, the full names and occupation of its parents, the date and place of birth and the name of the child, if any, when such information is required by the Board of Health, in the form of a certificate between the first and third days of each and every month to the Commissioner of Health. It shall be the duty of any midwife, or should no midwife be in attendance upon the birth, then the person in charge of the household, or other person in attendance upon the attendance of a physician or midwife, or should no other person be in attendance upon the mother, then the father of such child, to make the birth of any child shall occur within such household, immediately thereafter it shall be the duty of the person or persons in such attendance upon the mother, or the father of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and failed to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred it is not to be the full name and occupation of the parents, the date and place of birth, and the sex of the child, and shall deliver duplicate blank forms of certificates herein provided for, on or before the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person, or parents of such child, to report the birth to the Commissioner of Health, in the manner and within the period above prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70233

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Children

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 20th Nov 1900
4. Place of Birth, (Street and Number) Baltimore City 210 W Fayette St
5. Full Name of Mother, Mary E Thurson
6. Mother's Maiden Name, Mary E Thurson
7. Mother's Birthplace, Portland Maine
8. Full Name of Father, William Thurson
9. Father's Occupation Sergt of Police
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Dr. [illegible]

Address, 213 West Pratt St

Remarks, This is to Certify the Best of my knowledge

6 7 5 0 0 0 7 5 7 7

Wm. J. C. Dulany Co., City Printers and Stationers.

70234

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race)

3. Date of Birth 20th Jan 95

4. Place of Birth, Street and Number) 189 McCaul St

5. Full Name of Mother, Dora Thompson

6. Mother's Maiden Name, " Weiske

7. Mother's Birthplace, West Liberty Ohio

8. Full Name of Father, Frank Thompson

9. Father's Occupation, Machinist

10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Geo E Gewell

Address, 468 E Fort Ave

Remarks,

11 Y 5 0 0 0 7 5 7 0

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[illegible] shall be delivered, duly signed by the Practitioner in the form of a certificate in the first and third days within the month, to the office or Health Commissioner, in the City of Baltimore, or to any City Registrar of each of the Coloured Population, and Midwifery of the Population, shall be sole shall cease upon the birth of a child, in the City, with a number of the sections or recovered, subject to report of Ten (10) dollars for each offence. Any such the fine of Ten (10) dollars for each offence.

CORRECTION

The preceding document has been re-photographed to assure legibility and its image appears immediately hereafter.

STATE OF MARYLAND

HR-RM 32
(4-1-54)
Hall of Records Commission

RETURN OF A BIRTH. 70234

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 20th Jan 95
4. *Place of Birth, (Street and Number)* 189 Polrass St
5. *Full Name of Mother,* Dora Thompson
6. *Mother's Maiden Name,* " Geiske
7. *Mother's Birthplace,* West Liberty Ohio
8. *Full Name of Father,* Frank L Thompson
9. *Father's Occupation* Machinist
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Chas E Gowell

Address, 1436 E Fort Ave

Remarks,

said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate between the first and third day of such and every birth, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

L 5 0007578

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70233

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 20th of November 95

4. Place of Birth, (Street and Number) 958 Frederick Road

5. Full Name of Mother, Maggie Eberling

6. Mother's Maiden Name, Maggie Stever

7. Mother's Birthplace, Balto

8. Full Name of Father, John Eberling

9. Father's Occupation Saloonkeeper

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Frederike Keller Midwife

Address, 2116 W. Pratt St.

Remarks,

8950007579

(100 etc.) his sex, color, the full name and occupation of his parents, the date and place of birth, and the said schedule shall be delivered, duly filled, by the practitioner in the form of a certificate between the first and third days of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person required to report such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70206

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* —
3. *Date of Birth,* Nov 20/95
4. *Place of Birth, (Street and Number)* No 1030 Chase St
5. *Full Name of Mother,* Lizzie Esther
6. *Mother's Maiden Name,* Lerwy
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Philip
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs L. Fuss

Address, No 1907 E Monument St

Remarks,

Sec. 2. Be it further enacted, that the name and sex, color, and occupation of the parents, the date and place of birth, and the name and residence of the physician or midwife, if there be any, in attendance upon the mother, shall be delivered, duly signed by the practitioner in the form of a certificate, to the parents of such child, and shall be by them delivered to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period prescribed in the preceding section; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be and hereby are subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1 8 9 5 0 0 0 7 5 8 0

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70237

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) white
3. Date of Birth, 20 of Nov 1895.
4. Place of Birth, (Street and Number) 515 W. Lombard Stn
5. Full Name of Mother, Pauline Feder
6. Mother's Maiden Name, — Thorn
7. Mother's Birthplace, Germany
8. Full Name of Father, Richard Feder
9. Father's Occupation, Confectioner
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs W. Maenuel

Address, 913 Fulton ave

Remarks,

8950007581

Wm J. C. Dulany Co., City Printers and Stationers.

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the registrar of the district in which the birth shall take place, within the first and third day of each and every month, or, in the absence of a physician or practitioner, to the person or persons in charge of such office of the Commissioner of Health, or should no other person be in attendance, to the mother, immediately thereafter, and in the case of twins or triplets, or more, one certificate shall be made for each child; and if any person shall neglect or refuse to make the return of birth, in the manner and within the time herein required, and shall occur without the mother, immediately thereafter, and in the case of twins or triplets, or more, one certificate shall be made for each child; and if any person or persons who shall have assumed the duty of the person or persons required, and shall occur in all cases, the birth to the Commissioner of Health, in the manner and within the time herein required, and shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the name of the child shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth of a child, the person or persons in charge of such child or over the mother, shall report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70238

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 20 1895
4. *Place of Birth, (Street and Number)* Mountford ave 11
5. *Full Name of Mother,* Mary Engle
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* George Engle
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary Kepter

Address, N Washington st 205

Remarks,

8 9 5 0 0 0 7 5 8 2

Wm. J. C. Dulany Co., City Printers and Stationers.

sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70339

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 20 November

4. *Place of Birth, (Street and Number)* 945 Durham str

5. *Full Name of Mother,* Mary Rada

6. *Mother's Maiden Name,* Mary Pucha

7. *Mother's Birthplace,* Bohimen

8. *Full Name of Father,* Fank Rada

9. *Father's Occupation* Thailor

10. *Father's Birthplace,* Bohimer

Name of Medical Attendant, or other person who makes this Return, Luise Svatora

Address, 1010 Durham st

Remarks,

8950002583

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70240

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 20 1895
4. *Place of Birth, (Street and Number)* Castle st 617
5. *Full Name of Mother,* Mary Hejek
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohaimen
8. *Full Name of Father,* Frank Hejek
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Bohaimen

Name of Medical Attendant, or other person who makes this Return. Mary Kapitz

Address, N Washington st 205

Remarks,

8 9 5 0 0 0 7 5 8 4

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth and the name of the child, if any, and the number of the child of its mother, and shall make a certificate thereof in the said schedule shall be delivered, duly signed by the attendant or person who shall have been in attendance upon the mother at the birth, or in default thereof, the said person or persons who shall be in attendance upon the mother immediately after the birth, or in default of such attendance, the father of such child, or in default of the father, the mother of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70241

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 & Still

1. Sex, (state whether male or female) Male - Robert Thomas Harris
2. Race or Color, (if not of the white race) White
3. Date of Birth, Balto Nov 20/15
4. Place of Birth, (Street and Number) # 112 E. Hill Street Balto.
5. Full Name of Mother, Fannie ~~Kristie~~ ~~Hanson~~ Harris
6. Mother's Maiden Name, Fannie Kristie Miller
7. Mother's Birthplace, Russia
8. Full Name of Father, ~~Yife Hanson~~ Myer Harris
9. Father's Occupation, Paint Shop
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Dr. Louis Worley

Address, 414 E. York St. Balto Md.

Remarks,

8950087585

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, or oftener if required, to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, in the manner and within the period prescribed, each such other person shall be required to report in birth to the Commissioner of Health, in the manner and within the period prescribed, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70242

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* November 20, 1895.
4. *Place of Birth, (Street and Number)* 24 Plymouth ave.
5. *Full Name of Mother,* Helen J. Fahrman.
6. *Mother's Maiden Name,* Baker.
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* Henry J. Fahrman.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks, —

been conferred upon the mother, immediately thereafter, it shall become the duty of the person or persons so attending the birth of any such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other debts and forfeitures are recoverable.

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Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70243

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Nov. 20 — 1895
4. *Place of Birth, (Street and Number)* 406 S. Dallas St.
5. *Full Name of Mother,* Indianna Homes
6. *Mother's Maiden Name,* Garling
7. *Mother's Birthplace,* Glosher County W. Va
8. *Full Name of Father,* John Homes
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Glosher County W. Va

Name of Medical Attendant, or other person who makes this Return Mary Stein

Address, 1427 E. Pratt St.

Remarks,

1 8 9 5 0 0 0 7 5 8 7

and contracted) its sex, color, the full name and occupation of its parents, the date and place of birth, and the number of children, if any, previously delivered, duly signed by the practitioner in the form of a certificate to be furnished by said Board, and shall deliver such certificate to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner of the healing art, or should no other person be in attendance upon the mother, immediately after the birth, or within the period above specified, and every person who shall neglect or refuse to report the birth of any child shall become the duty of the person or parents of such child to report the same to the Commissioner of Health, in the manner and within the period above specified, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70244

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 174 West Lexington
4. Place of Birth, (Street and Number) 20th of November 1875
5. Full Name of Mother, Anna Louisa Stein
6. Mother's Maiden Name, Anna Louisa Frank
7. Mother's Birthplace, Philadelphia Pa
8. Full Name of Father, George Henry Stein
9. Father's Occupation Carpenter
10. Father's Birthplace, New York N.Y.

Name of Medical Attendant, or other person who makes this Return, Bryan Hunter

Address, 23 N. Poppleton St

Remarks,

1895000075 88

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, it shall be the duty of the person in attendance upon the mother, immediately thereafter, to report such birth, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 10245

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) C.

1. *Sex, (state whether male or female)* Boy.
2. *Race or Color, (if not of the white race)* white.
3. *Date of Birth,* 21. November.
4. *Place of Birth, (Street and Number)* S. 2039. Orleans Street.
5. *Full Name of Mother,* Kunigunde Schneider.
6. *Mother's Maiden Name,* Kunigunde Schriefer.
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* John Schneider.
9. *Father's Occupation* Lebermann.
10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other person who makes this Return, Mary Gross.

Address, S. 9. Wolfe Street.

Remarks,

8950007589

Wm. J. C. Dulany Co., City Printers and Stationers.

Every coloured male child, the full name and occupation of his parents, the date and place of birth; and the sex, and if a female child, the name of the mother, the date and place of birth; and the sex, and if a female child, the name of the mother, the date and place of birth of any child born out of wedlock, shall be registered by the midwife, or other person who shall have the care of such child, or by the mother, immediately thereafter. It shall become the duty of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Over

RETURN OF A BIRTH. 70246

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male Raymond Joseph Kries
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 21st 1895
4. Place of Birth, (Street and Number) 807 So Fremont St
5. Full Name of Mother, Annie H Kries
6. Mother's Maiden Name, Annie H Hooper
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Lawrence Kries
9. Father's Occupation Engineer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address, Hellgondi Olifu

Remarks, 734 St Peter St

1 8 9 5 0 5 0 7 5 9 0

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] of the sex, color, the full name and occupation of its parents, the date and place of birth; and the [illegible] in the form of a certificate between the first and [illegible] of the Commissioner of Health. In case the birth of any child [illegible] shall be delivered, duly signed by the attendant, or other person who shall have [illegible] said certificate shall be delivered, duly signed by the attendant, or other person who shall have the care of such child, or any such [illegible] shall be in [illegible] third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child [illegible] shall occur without the attendance of a physician or practitioner of midwifery, or the person or parents of such [illegible] shall be unable to make such certificate, it shall be the duty of the person or parents of such child to report such birth to the Commissioner of Health, in the manner and within the period above required, and [illegible] any such person or persons who shall neglect or fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Over

RETURN OF A BIRTH. 70247

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 21
4. Place of Birth, (Street and Number) 2526 W Baltimore
5. Full Name of Mother, Ada B Cockey Sander
6. Mother's Maiden Name, Ada B Cockey
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Charles A Sanders Sander
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Robert K Kerr

Address, 2207 N Gilmor St

Remarks, Full name - Charles Earl De'Arcy Sander

8450075291

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the number of children born to the mother, and shall have the same duly signed by the attending physician or midwife, or, in default of such, by the person who shall have been said schedule shall be delivered, duly signed, by the Commissioner of Health, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, it shall be the duty of the person or persons in charge of such child to report its birth to the Commissioner of Health, and it shall become the duty of the person or persons in any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70248

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 21st Nov
4. *Place of Birth, (Street and Number)* Baltimore 740 Burgoyne alley
5. *Full Name of Mother,* Emma Virginia Hess
6. *Mother's Maiden Name,* Emma " " Floyd
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William Amos Hess
9. *Father's Occupation* Stable Boss
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Bourge

Address, 711 Hanover St.

Remarks,

8 9 5 0 0 0 7 5 9 2

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70249

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Jan the 21-18-95
4. Place of Birth, (Street and Number) Monroe st No 3-41
5. Full Name of Mother, Allison B Duley
6. Mother's Maiden Name, Allison B Ford
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Carrol L Duley
9. Father's Occupation, Saw Shoer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs L Kelley

Address, No 1922 Wilkins Av

Remarks,

8950007593

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RETURN OF A BIRTH. 70250

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 21 1895
4. Place of Birth, (Street and Number) 814 Potomac St.
5. Full Name of Mother, Sara Kellog
6. Mother's Maiden Name, Sara E Neal
7. Mother's Birthplace, Balto
8. Full Name of Father, Theodore Kellog
9. Father's Occupation Barber
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mary L Swayne

Address, 824 Canton St.

Remarks,

8950007594

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All concerned in its sex, color, the full name and occupation of its parents, the date and place of birth, and the number of children of the mother, shall be duly signed by the practitioner in the form of a certificate herein provided, and said schedule shall be delivered every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately upon the birth of such child, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70257

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colend
3. *Date of Birth,* November the 21
4. *Place of Birth, (Street and Number)* Hanover st 718
5. *Full Name of Mother,* ida reed
6. *Mother's Maiden Name,* ida Flight
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Allen reed
9. *Father's Occupation* labor
10. *Father's Birthplace,* Massachusetts

Name of Medical Attendant, or other person who makes this Return sarah Jane thomson

Address, 124 west Fleury st

Remarks, full 9 months

B 9 5 0 3 0 7 5 9 5

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate hereinbefore [illegible] shall occur without the attendance of a practitioner or midwifery, or should no other person shall attendance upon the mother, immediately thereafter, fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70252

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Wha.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth* Nov. 21 st.
4. *Place of Birth, (Street and Number)* Mc-Donogh st. 818
5. *Full Name of Mother,* Laura Chase
6. *Mother's Maiden Name,* Laura Chase
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Chase
9. *Father's Occupation* Laborer
10. *Father's Birthplace.* Baltimore County

Name of Medical Attendant, or other person who makes this Return, Cordelia Howard

Address, 1015 Chapel st

Remarks,

8 9 5 0 0 0 7 5 9 6

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without attendance of a physician or midwife, it shall be the duty of the person in charge of such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70253

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 21 November 1895
4. Place of Birth, (Street and Number) Mar Robson St
5. Full Name of Mother, Mille Scherbart
6. Mother's Maiden Name, Mille Müller
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Herman Scherbart
9. Father's Occupation Labor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Alex P. Siessemann

Address, 1208 Fare street

Remarks,

+ 8950075997

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate [illegible] the first and third day of each and every month to a physician or it shall become the duty within the period aforesaid, the birth of any child shall occur upon the mother Commissioner of Health. In all no other person of such child to report to the Commissioner of Health, in the manner [illegible] section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 70254

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 11/21/95
4. *Place of Birth, (Street and Number)* 829 William st
5. *Full Name of Mother,* Mary M. Downey
6. *Mother's Maiden Name,* dr Logan
7. *Mother's Birthplace,* Leity
8. *Full Name of Father,* Geo. Downey
9. *Father's Occupation,* Steamboat captain.
10. *Father's Birthplace,* Kent Co Md

Name of Medical Attendant, or other person who makes this Return. E. L. Ellis M.D.

Address,

Remarks,

8950007598

sion, and shall act forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the place of birth, and the date thereof; and shall be delivered, duly signed by the practitioner in the form of a certificate, to the mother, if living, or to the person in charge of the house in which the birth shall occur without the attendance of a physician or practitioner of midwifery or health, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery or health, in the manner and within the period above required and attendance upon the mother, immediately thereafter. It shall become the duty of the person or other person be in charge of the house in which such birth shall occur, or the parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required and any person or persons who shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 70255

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored ~~Child~~ race
3. *Date of Birth,* Born Nov. 21st 1895
4. *Place of Birth, (Street and Number)* 285 N. Mullin St. Baltimore Md.
5. *Full Name of Mother,* Mollie Boston
6. *Mother's Maiden Name,* Mollie Jackson
7. *Mother's Birthplace,* Dorchester County Md.
8. *Full Name of Father,* John T. Boston
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Georgeanna Brooke

Address, 1731 E. Mulliken St.

Remarks, No. Remarks.

8 9 5 0 0 0 7 5 9 9

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH 70256

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male.
2. Race or color, (if not of the white race) White.
3. Date of Birth, Nov. 2, 1895.
4. Place of Birth, (Street and Number) 1521 Clifton Street.
5. Full Name of Mother, Annie F. Erdman.
6. Mother's Maiden Name, " " Harwood.
7. Mother's Birthplace, York Co. Va.
8. Full Name of Father, Millard F. Erdman.
9. Father's Occupation, Confectioner.
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. E. G. Shower M. D.

Address, 2510 Penna. Ave

Remarks,

8 9 5 0 0 0 7 6 0 0

been conferred) the sex, color, the full name and occupation of its parents, the date and place of birth, and the number of children born to the mother, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the birth, it shall be the duty of the person or persons in charge of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. O. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 70257

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 21st of November 98
4. Place of Birth, (Street and Number) 20 Brauns Lane
5. Full Name of Mother, Anna Rauch
6. Mother's Maiden Name, Anna Häsel
7. Mother's Birthplace, Germany
8. Full Name of Father, John Rauch
9. Father's Occupation Labor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Friederike Keller Midwife

Address, 2116 W Pratt St

Remarks,

8950007601

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health; in case the birth of any child shall occur without the attendance of a physician, or if any person other than a physician shall be in attendance upon the mother, immediately on the birth of any child, he or she shall become the duty of the person or parents of such child to report the same to the Commissioner of Health, to the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70258

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 5

1. *Sex,* (*state whether male or female*) Female

2. *Race or Color,* (*if not of the white race*) White

3. *Date of Birth,* 21 November 1895

4. *Place of Birth,* (*Street and Number*) 1310 Darlei str

5. *Full Name of Mother,* Pavlina Krol

6. *Mother's Maiden Name,* Pavline Ernstfrucht

7. *Mother's Birthplace,* Germanie

8. *Full Name of Father,* Franz Krol

9. *Father's Occupation* Mashinist

10. *Father's Birthplace,* germanie

Name of Medical Attendant, or other person who makes this Return, Luise Svatora

Address, 1010 Durham str

Remarks,

18950007602

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70259

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White race
3. Date of Birth, 21 November
4. Place of Birth, (Street and Number) #763 W. Pratt St.
5. Full Name of Mother, Mary Juister
6. Mother's Maiden Name, M. Bauer
7. Mother's Birthplace, Bavaria Germany
8. Full Name of Father, Carl Juister
9. Father's Occupation Harness Maker
10. Father's Birthplace, Bavaria Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Bauer

Address, 711 Pratt St.

Remarks,

1895007603

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70260

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether ~~male~~ or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* November 21st 1895
4. *Place of Birth, (Street and Number)* 118 Hamburg st
5. *Full Name of Mother,* Maggie Reber
6. *Mother's Maiden Name,* L. Schmidt
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Joshua Reber
9. *Father's Occupation,* Showcase maker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Catherina Wunch

Address, 800 Leadenhall St

Remarks,

8 9 5 0 0 0 7 6 0 4

been conferred; its sex, color, the full name of each child, if any shall have been conferred, and the surname, the date and place of birth; and the full name of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of middle age, of the parents or parents of such child or children, the duty of the person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70261

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VIII

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov. 22/95
4. *Place of Birth, (Street and Number)* 502 S. Rose Str.
5. *Full Name of Mother,* Annie Doffy
6. *Mother's Maiden Name,* " Phalline
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Joseph Doffy
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. Geo. Diesenhofer

Address, 2225 Gough St.

Remarks,

8950007605

been conferred) its sex, color, the full name or names by which it is to be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name or names by which it is to be ascertained; if its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, to the person or certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the mother of any child shall come or be in attendance upon the mother of such child, without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother of such child, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70262

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 21 November
4. *Place of Birth, (Street and Number)* 1633 Barner st
5. *Full Name of Mother,* Sofi Karas
6. *Mother's Maiden Name,* Sofi Seblak
7. *Mother's Birthplace,* Bohimen
8. *Full Name of Father,* Tomas Karas
9. *Father's Occupation* —
10. *Father's Birthplace,* Bohimen

Name of Medical Attendant, or other person who makes this Return, Lise Svatora

Address, 810 Durham st

Remarks.

8950087606

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] (state whether) its sex, color, the full name and occupation of its parents, the date and place of birth, and the [illegible] shall be delivered, duly signed by the practitioner in the form of a certificate herein-before provided, and [illegible] third day of each and every month to the office of the Commissioner of Health, or should no other person be in [illegible] shall occur without the attendance of a physician or practitioner, and within the period of two days after the birth of any child [illegible] attendance upon the mother, the Commissioner of Health, in the manner and within the period herein-before [illegible] any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70263

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 21 Nov 1855
4. Place of Birth, (Street and Number) 249 Rogers Ave
5. Full Name of Mother, Louis Levy
6. Mother's Maiden Name, Rappaport
7. Mother's Birthplace, Russia
8. Full Name of Father, Louis Levy
9. Father's Occupation, Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. Scherman

Address, 172 Albemarle St

Remarks,

8950007607

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70264

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 10th

1. *Sex*, (*state whether male or female*) Male
2. *Race or Color*, (*if not of the white race*) —
3. *Date of Birth*, Nov 21/95
4. *Place of Birth*, (*Street and Number*) No 833 Brighton St
5. *Full Name of Mother*, Mary E. Michaels
6. *Mother's Maiden Name*, nee Ritter
7. *Mother's Birthplace*, Louisiana Michaels
8. *Full Name of Father*, Tailor
9. *Father's Occupation*, Germany
10. *Father's Birthplace*, Mrs E. Gross

Name of Medical Attendant, or other person who makes this Return, Mrs E. Gross

Address, No 1912 E Monument St

Remarks,

1 8 9 5 0 8 8 7 6 0 8

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70265

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Nov. 21 1895
4. *Place of Birth, (Street and Number)* Md Genl Hosp
5. *Full Name of Mother,* Mamie Carpenter
6. *Mother's Maiden Name,* Mamie Carpenter.
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* unknown
9. *Father's Occupation* unknown
10. *Father's Birthplace,* unknown

Name of Medical Attendant, or other person who makes this Return, Unknown. A.B. M.D.

Address, Maryland Genl Hospital

Remarks.

8 9 5 0 0 0 7 6 0 9

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be delivered daily, with the name and occupation of its parents, the date and place of birth, and the name of each child, if any, and the sex of each child, to the Registrar of Vital Statistics, by the practitioner in the form of a certificate between the first and third day of each and every month to be filled out by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, it shall become the duty of the person in charge of the house in which such birth shall occur, or the person in attendance upon the mother immediately thereafter, to comply with the provisions of this section shall be subject to the penalty herein provided. In the manner and within the period above required and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70266

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Nov 3 95
4. *Place of Birth, (Street and Number)* 935 N Castle St
5. *Full Name of Mother,* Minnie Albert
6. *Mother's Maiden Name,* " Herman
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Gardner Albert
9. *Father's Occupation* Fireman
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, Caroline Walker

Address, 1605 Walbert St

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

8950007610

Such schedule shall be delivered, duly signed by a practitioner of medicine and surgery, or by the person who shall have attended upon the mother, immediately after the birth of such child, or shall be delivered to the office of the Commissioner of Health. In case the birth shall occur without the attendance of a physician or practitioner of medicine and surgery, the first and third day of each month, or every month to the office of the Commissioner of Health. In case the birth shall occur without the attendance upon the mother, immediately after the birth, or shall not be reported in the form of a certificate, the person in charge of the house in which such birth shall occur, or the person in charge of the house in which such birth shall occur, or the person in charge of the house in which such birth shall occur, or the parents of such child, or any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70267

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Nov 22 nd 1895
4. *Place of Birth, (Street and Number)* 983 Druid Hill Ave
5. *Full Name of Mother,* Emma E Brotton
6. *Mother's Maiden Name,* Emma E Brotton
7. *Mother's Birthplace,* Butte City
8. *Full Name of Father,* Stanley Mynle
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, Mrs Louisa Lane

Address, 644 Jusper St City

Remarks,

8 9 5 0 0 0 7 6 1 1

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be delivered, duly signed by a reputable physician, or by a midwife, and the name, the date and place of birth, and the sex of each child, if any shall be born, shall be reported to the office of the Commissioner of Health, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in the form of a certificate between the first and [illegible] occur without the attendance of a physician or practitioner of midwifery. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person or persons in attendance upon the mother of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70268

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Nov 22 — 1895
4. *Place of Birth, (Street and Number)* 403 Dallas Court
5. *Full Name of Mother,* Jessie Blake
6. *Mother's Maiden Name,* Weight
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Blake
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this return, Mary Stein

Address, 1425 E. Pratt St.

Remarks,

8 9 5 0 0 0 7 6 1 2

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] sex, color, the full name and occupation of its parents, the place of birth, and the [illegible] said schedule shall be delivered by the practitioner in the form of a certificate between five and ten days [illegible] third day of each and every month, a list of all births of which he shall have been informed during the [illegible] shall occur without the attendance of a physician or midwife, or in case the birth of any child [illegible] attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child or person in charge of the premises where such birth shall occur, to report the same to the Commissioner of Health, in the manner and within the period above specified, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70269

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Nov 22 - 1895
4. *Place of Birth, (Street and Number)* 142 S. Exeter St.
5. *Full Name of Mother,* Annie Hoyle
6. *Mother's Maiden Name,* Fitzpatrick
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Geo. Hoyle
9. *Father's Occupation* Police
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary Stein

Address, 427 E. Fratt St.

Remarks,

1 8 9 5 0 0 0 7 6 1 3

Wm. J. C. Dulany Co., City Printers and Stationers.

(over).

RETURN OF A BIRTH. 70270

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

Name - John Joseph Fink

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, for the 22 12-98
4. Place of Birth, (Street and Number) Hall St No 18-46
5. Full Name of Mother, Barbara Fink
6. Mother's Maiden Name, Barbara Brocker
7. Mother's Birthplace, Baltimore
8. Full Name of Father, nicholas Fink
9. Father's Occupation undertaker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs D Keller

Address, No 19-22 William ave

Remarks,

8 9 5 0 0 0 7 6 1 4

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed, to the office of the Commissioner of Health, or should no other person be in attendance upon the mother at the time of the birth of such child, any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70271

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 2nd 1895
4. Place of Birth, (Street and Number) 721 N Bond Street
5. Full Name of Mother, Alberta Elcoure
6. Mother's Maiden Name, Alberta Leach
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Charles Elcoure
9. Father's Occupation Carpenter
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person making this Return Jacob Christopher MD

Address, 79 Aisquith Street

Remarks,

8 9 5 0 0 0 7 6 1 5

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be [illegible] the name and occupation of its parents, the date and place of such child, (if any shall have been born dead, the fact shall be so stated,) and the number of such child, and the date and place of birth; and the third day of each and every month, the physician or midwife, or other person in attendance, shall deliver, duly signed by the physician or midwife, or other person in attendance, a certificate in the form of a certificate of birth; and the same shall be delivered, duly signed by the physician or midwife, or other person in attendance, to the parents of such child, or to the person with whom such child shall be, within one month after the birth of such child; and the shall cause the birth of such child to be registered, and shall cause the same to be delivered, duly signed by the physician or midwife, or other person in attendance, to the parents of such child, or to the person with whom such child shall be, within one month after the birth of such child; and the any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70272

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 22d November 1895
4. Place of Birth, (Street and Number) 158. W. Hamberg st
5. Full Name of Mother, Florance Watts
6. Mother's Maiden Name, Florance Hamon
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, David Watts
9. Father's Occupation Waiter
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Cathrene Jones

Address, 545 Burgundy ally

Remarks, X

8950007616

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] conferred) its sex, color, the full name of each child (if any, shall have been given within the period of twenty days after birth), the date and place of birth, the full name and occupation of its parents, the date and place of marriage of the first and said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, within the third day of each month to the office of the Commissioner of Health, or should no other person be in attendance at the birth of any child, the mother of such child shall become the duty of the person or parents, and attendants upon the mother, immediately after the birth, to report the birth of such child, and child to report its birth to the Commissioner of Health, in the manner and within the period specified in this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70273

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 22 1895
4. Place of Birth, (Street and Number) 554 Forrestman St
5. Full Name of Mother, Ida Brittain
6. Mother's Maiden Name, Ida Luck
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Saul L Brittain
9. Father's Occupation, Bookkeeper
10. Father's Birthplace, Philadelphia

Name of Medical Attendant, or other person who makes this Return. Bertie Frow MD

Address, 315 N Paca St

Remarks,

8 9 5 0 0 0 7 6 1 7

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS

[illegible] shall be delivered, daily, name and occupation of its parents, the date and place of birth; and the name of each child, if any shall have been born previous to the birth of the child; in case the first of a child shall occur without the attendance of a physician or practitioner in the firm of a certificate between the first and third days of such birth, the midwife or other person in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and under like penalties, to report its birth to the Commissioner of Health, in the manner and within the period above required, and in case the mother be not in attendance upon her child, the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

Cmd

RETURN OF A BIRTH 70274

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: James Harold Parran

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Nov 22nd 1895 -
4. Place of Birth, (Street and Number) 32 W Huntington ave
5. Full Name of Mother, Alma Grace (~~Bumberger~~) Parran -
6. Mother's Maiden Name, " Bumberger
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Lasi Parran
9. Father's Occupation, Merchant
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. C. B. Gamble M.D.

Address, 92 S. C. Street

Remarks,

8450007618

child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be and subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

J. D. GULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 70275

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) fimal
2. Race or Color, (if not of the white race) Colord
3. Date of Birth, Nosember 22 1895
4. Place of Birth, (Street and Number) Willgimen st 110
5. Full Name of Mother, emmer Blake
6. Mother's Maiden Name, emmer rugit
7. Mother's Birthplace, Baltimre
8. Full Name of Father, luis rugit
9. Father's Occupation labour
10. Father's Birthplace, saint Mary County

Name of Medical Attendant, or other person who makes this Return, rapsd Ganttharison

Address, 124 west Hurg st

Remarks, full 9 months

8950007619

Wm. J. C. Dulany Co., City Printers and Stationers.

Such schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every birth, to the office of the Commissioner of Health. In case of twins or triplets, the date and place of birth; and the name and occupation of its parents, shall be entered in the form of a separate certificate for each child, (if any shall live shall occur without the attendance of a practitioner or midwifery, or should no other person be in attendance upon the mother, immediately thereafter the doctor or midwifery, or should no other person be in attendance upon the mother, immediately thereafter the doctor or midwifery, or any such person, shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 70276

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

Alexander B. Gittinger

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 2-20 Nov 1895
4. *Place of Birth, (Street and Number)* 1622 John St
5. *Full Name of Mother,* Jennie R. Gettinger
6. *Mother's Maiden Name,* Jennie Richstine
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* J. Gettinger
9. *Father's Occupation,* Salesman
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other Person who makes this Return. Arch Atkinson

Address, 2107 Eutaw aven

Remarks,

...hereby ... days hereafter, stating distinctly the date of birth, sex, and color of the child or children born, as or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

...NN B. PIET, PRINTER & STATIONER, BALT.

RETURN OF A BIRTH. 70277

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) IIII

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 22/95
4. Place of Birth, (Street and Number) 572 N. Patterson Park Ave.
5. Full Name of Mother, Magdalena Poteet
6. Mother's Maiden Name, " Lotz
7. Mother's Birthplace, Germany
8. Full Name of Father, Benedict Poteet
9. Father's Occupation Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Wm. Deisenhofer

Address, 2225 Gough St.

Remarks,

1 8 9 5 0 0 0 7 6 2 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70278

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 22nd 1905
4. Place of Birth, (Street and Number) Belvedere Ave 2424
5. Full Name of Mother, Mary Radzeer
6. Mother's Maiden Name, " " Arnold
7. Mother's Birthplace, Germany
8. Full Name of Father, Jeremy Radzeer
9. Father's Occupation Brewer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Burns

Address, 1600 N Chester St

Remarks,

1 8 9 5 0 0 8 7 6 2 2

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70279

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Nov. 22 1895
4. Place of Birth, (Street and Number) 1705. Patapsco st.
5. Full Name of Mother, Catherena Muller
6. Mother's Maiden Name, Manamstein
7. Mother's Birthplace, Germany
8. Full Name of Father, Nickles Muller
9. Father's Occupation labor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return Carolena Schwarz

Address, 434 Fort ave

Remarks,

8950007623

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70280

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Geo. Rudolph Habicht

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov. 22/95
4. *Place of Birth, (Street and Number)* 229 S. Register St.
5. *Full Name of Mother,* Elizabeth Habicht
6. *Mother's Maiden Name,* " Zinn
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* William Habicht
9. *Father's Occupation* Baeker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Diesenhofer

Address, GIVEN NAME ADDED 3-16-54 225 Gough St.

Remarks, L.M.

1 8 9 5 0 0 0 7 6 2 4

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70281

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VI

1. *Sex, (state whether male or female)* Girls
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 22 1905
4. *Place of Birth, (Street and Number)* 120 S. Durham Str.
5. *Full Name of Mother,* Mary K. Striekroth
6. *Mother's Maiden Name,* " " Weiss
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Striekroth
9. *Father's Occupation* Stevendore
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Dunnhofer

Address, 2225 Gough St

Remarks,

8950007625

said schedule shall set, color, the full name and occupation of the parents, the date and place of birth, and the name of each child, (if any shall have been born before,) the number of children born to said parents, and shall cause the same to be certified by the person or persons so required to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period herein prescribed, and any such person or persons who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70282

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov. 22d, 95
4. *Place of Birth, (Street and Number)* Conway St. 222
5. *Full Name of Mother,* Guste Shokoski
6. *Mother's Maiden Name,* " Baranoska
7. *Mother's Birthplace,* Poland
8. *Full Name of Father,* John Shokoski
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Poland

Name of Medical Attendant, or other person who makes this Return, Mary Kozska

Address, 602 S. Bond

Remarks,

8950007626

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the registrar of the district in which such child was born, within five days after the birth of such child, and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, the duty of making the return of the birth shall devolve upon the parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70283

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 22 Oct 1892
4. *Place of Birth, (Street and Number)* 922 E. Pratt St.
5. *Full Name of Mother,* Anna Fiers
6. *Mother's Maiden Name,* Bridler
7. *Mother's Birthplace,* Prussia
8. *Full Name of Father,* Frank Fiers
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Prussia

Name of Medical Attendant, or other person who makes this Return, E. Scherman

Address, 422 Allemanks St.

Remarks,

8950007627

Wm. J. C. Dulany Co., City Printers and Stationers

Note.—And shall set forth as far as the same can be ascertained the full name of such child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date of such child (if any shall have been born) and the place of birth, and the third day of such month in which such child shall be delivered, duly signed by the attendant in the form of a certificate between the first and third day of every month in the office of the Commissioner of Vital Statistics; and the date of such birth shall be the date of such certificate; and if any such child shall not be born in the presence of a physician or practitioner of midwifery, in case the birth of such child shall occur without the assistance of a physician or practitioner of midwifery, it shall become the duty of the person in attendance upon the mother, immediately after the birth, to report such birth to the Commissioner of Vital Statistics; and any such report of a birth to the Commissioner of Vital Statistics, if it shall be made by any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70284

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* November 22 1895
4. *Place of Birth, (Street and Number)* Washington St Homestead No 4 Hunter Ave
5. *Full Name of Mother,* Kate Evans
6. *Mother's Maiden Name,* Sonderguld
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Edward Evans
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return. J. Young Nutbrook M. D.

Address, 227 Gorsuch Avenue

Remarks,

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and tenth days of each month, at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or if such attendant or person shall be unable to report the birth, the mother, immediately thereafter, it shall become the duty of the person in charge of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and upon the mother, immediately thereafter, it shall become the duty of the person in charge of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and upon the person so reporting shall be required to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

1-8 Y 5 U 0 0 7 6 2 8

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70285

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1. Ma

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 23th of November 95
4. *Place of Birth, (Street and Number)* 313 Bentalou St.
5. *Full Name of Mother,* Marie Bettinger
6. *Mother's Maiden Name,* Marie Günpmann
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* John Bettinger
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Friederike Heuler Midwife

Address, 2116 W Pratt St

Remarks,

8 9 5 0 0 0 7 6 2 9

said schedule shall be delivered, duly signed by the practitioner, to some office where the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the parent or parents of such child shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

over

RETURN OF A BIRTH. 70286

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Herbert ~~Davenport~~ Clark

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 23 d Mar 1895
4. *Place of Birth, (Street and Number)* 426 S Bond St
5. *Full Name of Mother,* Anna L Clark
6. *Mother's Maiden Name,* Ort
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Edward R Clark
9. *Father's Occupation* Paper Box maker
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, Mert Davenport

Address, 2324 E Pratt St

Remarks, Dr Wm

8950007630

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70287

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 23rd 1896
4. Place of Birth, (Street and Number) 40 North Pattison Park Avenue
5. Full Name of Mother, Mary Virginia Joyce Russell
6. Mother's Maiden Name, " " "
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John H. Russell
9. Father's Occupation Merchant
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, James E. McShane, M.D.

Address, 2 N. Pattison Park Ave.

Remarks,

1895007831

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] and occupation of its parents, the date and place of birth; and the [illegible] practitioner, or in the form of a certificate between the first and [illegible] of the Commissioner of Health. In case the child be born out of the [illegible] person be in attendance, then the person in charge of the place where the child [illegible] of the person or parents of such child, immediately thereafter, it shall become and within the period above required, and [illegible] birth to the Commissioner of Health, it shall be the duty of the person or parents of such child to comply with the provisions of this section. Any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

said schedule shall be delivered, duly signed, by the attending physician or midwife, or other person who shall have [illegible] third day of each and every month to a physician or practitioner of midwifery, of the person or parents of such child [illegible] shall occur without the order, immediately thereafter, it shall become and within the period above required, and [illegible] attendance, then the person in charge of the place where the child [illegible] birth to the Commissioner of Health, it shall be the duty of the person or parents of such child to comply with the provisions of this section. Any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70288

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. *Sex, (state whether male or female)* Girl

2. *Race or Color, (if not of the white race)* white

3. *Date of Birth,* 23. November

4. *Place of Birth, (Street and Number)* No 2035 Orleans Street

5. *Full Name of Mother,* Minna Busch

6. *Mother's Maiden Name,* Minna Steinert

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Josua Busch

9. *Father's Occupation* Potter

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Kloss

Address, No 9 Wolfe Street

Remarks,

8950007632

same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 1-9-59

RETURN OF A BIRTH. 70289

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Grace Louise Burns

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov. 23/95
4. *Place of Birth, (Street and Number)* 729 Canton Str.
5. *Full Name of Mother,* Katie Burns
6. *Mother's Maiden Name,* " Truessler
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Robert Burns
9. *Father's Occupation* Inspector
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. Mrs. Diesenhofer

Address, 2225 Gough Str.

Remarks,

1 8 9 5 0 0 0 7 6 3 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70290

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Nov. 23/95

4. *Place of Birth, (Street and Number)* 1311 Myrtle av

5. *Full Name of Mother,* Ida Wannenwetsch

6. *Mother's Maiden Name,* Ida Riedel

7. *Mother's Birthplace,* Balto

8. *Full Name of Father,* Geo Wannenwetsch

9. *Father's Occupation,* Butcher

10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, A C Pole

Address, 2038 Madison av

Remarks,

name of each child, if any shall have
s sex, color, the full name and occupation of its parents, the date and place of birth: and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 70291

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 7506 E. N.th Ave = Nov 23d 1895
4. *Place of Birth, (Street and Number)*
5. *Full Name of Mother,* Emma Kress
6. *Mother's Maiden Name,* Helldorfer
7. *Mother's Birthplace,* N. Y.
8. *Full Name of Father,* Ewd Kress
9. *Father's Occupation,* Florist
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. J. B. Schwatka M.D.

Address, 1007 N. Broadway

Remarks,

8 1 5 0 0 0 7 6 3 5

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 70292

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 23 ~~1122 N~~ Mount
4. *Place of Birth, (Street and Number)* 1122 N. Mount st.
5. *Full Name of Mother,* Mary Elizabeth Fields
6. *Mother's Maiden Name,* " " Knight
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Wm. H. Fields
9. *Father's Occupation*
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8 9 5 0 0 0 7 6 3 6

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] sex, color, the full name and occupation of his or her father, the full name of each child, (if any shall have been born before,) and the number of each and every child by the present mother, and the date and place of birth; and the third day of each and every month thereafter, shall make a return in the form of a certificate to the Commissioner of Health, in the manner and with the particulars required by the said schedule shall be signed by the practitioner in the form of a certificate to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person or parents of such child be present, then the said schedule shall be signed by the person or parents of such child, if there be any such person or parents, and in case there be no such person or parents, then it shall be the duty of the person in charge of the house in which such birth shall occur, to make such return, and in default thereof, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70293

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 23rd 1895
4. Place of Birth, (Street and Number) 2442 W. Fall St.
5. Full Name of Mother, Thos Martha Wooters
6. Mother's Maiden Name, Arkman
7. Mother's Birthplace, Md
8. Full Name of Father, Joseph Wooters
9. Father's Occupation, Oyster Packer
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, M. H. Carter

Address, 1800 W. Baltimore St.

Remarks,

8950007637

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 3-1-55

RETURN OF A BIRTH. 70294

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mary Alice Arnold

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) 8

1. Sex, (~~state whether male or~~ female)
2. Race or Color, (~~if not of the~~ white race)
3. Date of Birth, November 23rd 1895
4. Place of Birth, (Street and Number) 922 N Calhoun St.
5. Full Name of Mother, Mary A Arnold
6. Mother's Maiden Name, Mary A Heinecke
7. Mother's Birthplace, Carroll Co. Md
8. Full Name of Father, Henry O Arnold
9. Father's Occupation Policeman
10. Father's Birthplace, Carroll Co. Md

Name of Medical Attendant, or other person who makes this Return John I. Elliott M.D.

Address. 1622 W Lexington St

Remarks,

8 9 5 0 0 0 7 6 3 8

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70295

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* ~~(632 Columbia Ave.)~~ (Nov. 23. 2.20 P.M.)
4. *Place of Birth, (Street and Number)* 632 Columbia Ave.
5. *Full Name of Mother,* Mary Francis Stevens
6. *Mother's Maiden Name,* Griffin
7. *Mother's Birthplace,* Calvert Co. Md.
8. *Full Name of Father,* Jno. William Stevens
9. *Father's Occupation* Laborer.
10. *Father's Birthplace,* Calvert Co. Md.

Name of Medical Attendant, or other person who makes this Return. Mrs. M. Kanna for the

Address, Mother Relief Society) 632 N. Fremont

Remarks,

1 8 9 5 0 0 0 7 6 3 9

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case no such certificate shall occur without the attendance of a physician, or if it shall become the duty of the person or parents of such child to report the birth, the same shall be reported to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 10-27-58

RETURN OF A BIRTH. 70296

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Beulah Irene ~~Mc Cauley~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, nov 2 8 1895
4. Place of Birth, (Street and Number) 546 Druid ave, Hampden
5. Full Name of Mother, Adela Cate Baltimore
6. Mother's Maiden Name, Mc Cauley
7. Mother's Birthplace, Baltimore county
8. Full Name of Father, Ernest McCauley
9. Father's Occupation Mechanist
10. Father's Birthplace, Baltimore County

Name of Medical Attendant, or other person who makes this return, Hampden

Address, Martha E King 545 Michigan ave city

Remarks,

8950007640

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70297

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth.* Nov 23rd 1895
4. *Place of Birth, (Street and Number)* 1039 W Saratoga St
5. *Full Name of Mother,* Gertrude O Kearsey
6. *Mother's Maiden Name,* " " " " Stewart
7. *Mother's Birthplace,* Howard Co. Md.
8. *Full Name of Father,* Geo. O. Kearsey
9. *Father's Occupation* ~~Sussex Co.~~ ~~Va~~ Tinner
10. *Father's Birthplace,* Sussex Co. Va

Name of Medical Attendant, or other person who makes this Return, Mrs Minnie Graf

Address, 206 N Schroeder St

Remarks,

[illegible] schedule shall be delivered, duly signed by the [illegible] of its parents, the date and place [illegible] have
third day of each and every month to the [illegible] the practitioner in the form of [illegible] birth; and the
[illegible] of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8950007641

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70298

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) X

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov. 23/95
4. *Place of Birth, (Street and Number)* 2217 E. Balto. Str.
5. *Full Name of Mother,* Elizabeth Schoenlein
6. *Mother's Maiden Name,* Oldenwurtel
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Lorenz Schoenlein
9. *Father's Occupation* Builder
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Deisinger

Address, 2225 Gough Str.

Remarks,

8950007642

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said medical attendant shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and third days of each month, to the Commissioner of Health, to be by him entered in a book to be kept for that purpose; and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person report such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70299

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 23 November 1895.
4. Place of Birth, (Street and Number) 2724 Boston street
5. Full Name of Mother, Martha Silmnicdike
6. Mother's Maiden Name, Martha Wittstock
7. Mother's Birthplace, Germany
8. Full Name of Father, Paul Silmnicdike
9. Father's Occupation Labor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. L. Siessmann.

Address, 1285 Hare street.

Remarks,

8950007643

Wm. J. C. Dulany Co., City Printers and Stationers.

FRANK GODEK

RETURN OF A BIRTH. 70300

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2. th.

1. *Sex, (state whether male or female)* male.
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 23th November 1898.
4. *Place of Birth, (Street and Number)* 2014. Canton street
5. *Full Name of Mother,* Margela Godek.
6. *Mother's Maiden Name,* Bimarsch.
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Jesep Godek.
9. *Father's Occupation* Labor.
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Miss P. Liessemann.

Address, 1208 Hare street.

Remarks,

1 8 9 5 0 0 0 7 6 4 4

Wm. J. C. Dulany Co., City Printers and Stationers.

And each and every person who shall be delivered, duly signed by the practitioner in the form of a certificate between the first and the third day of each and every month to the office of the Commissioner of Health. Provided, however, that in case no other person shall be in attendance upon the birth of any child, the parent or parents of such child shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner prescribed in the section above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70301

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* November 23rd 95.
4. *Place of Birth, (Street and Number)* 2021 Keyser st.
5. *Full Name of Mother,* Josephine Pfeiffer
6. *Mother's Maiden Name,* Josephine Rheinle
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Pfeiffer
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Charles H. A. Meyer M.D.

Address, 1019 N. Caroline St.

Remarks,

8950007645

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70302

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 29 1895
4. *Place of Birth, (Street and Number)* Mc Elderry st 2325
5. *Full Name of Mother,* Barbara Humphrey
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohaimia
8. *Full Name of Father,* Joseph Humphrey
9. *Father's Occupation* Larbor
10. *Father's Birthplace,* Germen

Name of Medical Attendant, or other person who makes this Return, Mary Koptis

Address, S. Washington st No 205

Remarks,

8 9 5 0 0 0 7 6 4 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70303

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Nov 24th 1895
4. *Place of Birth, (Street and Number)* No 6 Hampden
5. *Full Name of Mother,* Barbara Streaty
6. *Mother's Maiden Name,* Barbara Hadderwich
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* George Streaty
9. *Father's Occupation* Brewer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8950007647

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the mother or father, the date and place of birth, and the name and occupation of the parents, the date and place of birth, and the sex of each child, or any child, born in such month, to the office of the Commissioner of Health, and shall be delivered, duly signed by the attendant upon the mother, immediately after the birth, if such attendant be a physician or practitioner of midwifery, or, if such attendant be other than a physician or practitioner of midwifery, or if there be no such attendant, then such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

In case the birth of any child shall occur without the presence of a physician or other person, or in case the mother be in attendance upon the mother, immediately after the birth, if such attendant be a physician or practitioner of midwifery, or, if such attendant be other than a physician or practitioner of midwifery, or if there be no such attendant, then such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70204

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Nov 24th

4. Place of Birth, (Street and Number) 321 N. Howard St

5. Full Name of Mother, Annie Butthouse

6. Mother's Maiden Name, " " " Feil

7. Mother's Birthplace, Germany.

8. Full Name of Father, William Butthouse

9. Father's Occupation Cabinet Maker.

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Maurine Graf

Address, 206 N Schroder St

Remarks,

18950007648

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be delivered, duly signed by the practitioner in the form of a certificate between the first and the third day of each and every month to the office of the Commissioner of Health. In case no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, and to comply with the provisions of this section, which shall be enforced against any such person or persons who shall here or elsewhere fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70305

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 24 1895
4. *Place of Birth, (Street and Number)* 2215 E. Baltimore st
5. *Full Name of Mother,* Maggie Bennett
6. *Mother's Maiden Name,* Margret Gunn
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Lovick
9. *Father's Occupation* Foreman
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. M. C. Perry

Address, 2215 E. Baltimore st

Remarks, City

8 9 5 0 0 0 7 6 4 9

Wm. J. C. Dulany Co., City Printers and Stationers.

Sec. 5. The full name and occupation of the parents, date of each child, (if any shall have been born since the delivery of the last schedule,) and the place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of certificate herein before prescribed, on the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, or practitioner of midwifery, or should no other person be in attendance who shall be qualified to make the return, it shall become the duty of the parents or parents of such child to report its birth to the Commissioner of Health, in the manner and with the particulars required of any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CERTIFICATE CORRECTED 7-25-52

70306

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Ethel Josenhans

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 27th - 1895
4. Place of Birth, (Street and Number) 2551 Edmondson Av
5. Full Name of Mother, Mary Ellick Josenhans
6. Mother's Maiden Name, Mary Ellick
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Fred J Josenhans
9. Father's Occupation, Butcher
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Robert Kneen MD

Address, 220 N Gremond

Remarks,

8950007650

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS

Will whether shall be delivered, duly signed by the practitioner in the office of Health. In case the father or mother of such child shall occur without the intervention of a physician or midwife, or if the person or parents of such child be in attendance, the birth to the Commissioner of Health, in the manner and within the period above recited, and shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 70307

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 24 Nov 1895
4. *Place of Birth, (Street and Number)* Baltimore Md 1838 N Bentalou St
5. *Full Name of Mother,* Ella Bosley
6. *Mother's Maiden Name,* Jordan
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* William Bosley
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs Mary Fleming

Address, 414 N Stricker St Baltimore Md

Remarks, Mother and Child are doing well

8950007651

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] sex, color, the full names and occupation of its parents, the date and place of birth, and the full name of each child born alive, and shall have the same duly signed by the attendant, or in the absence of such attendant, by the father or mother of such child, and shall report its birth to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, it shall become the duty of the person in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70308

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) — 4 —

1. Sex, (state whether male or female) male —
2. Race or Color, (if not of the white race) white
3. Date of Birth. Nov - 24 - 1895
4. Place of Birth. (Street and Number) 307 N. Central Av.
5. Full Name of Mother, Carrie Elisabeth Haessler
6. Mother's Maiden Name. " " Heuschke
7. Mother's Birthplace. City
8. Full Name of Father, Jacob Haessler
9. Father's Occupation, Agent
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return. P. G. Jaesel

Address. 1731 E. Balto. st.

Remarks,

1 8 9 5 0 0 0 7 6 5 2

Wm J. C. Dulany Co., City Printers and Stationers.

Births must be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each month to the office of the Commissioner of Health. In case the birth of any child shall occur within the number of days specified in the preceding section, and the attendance upon the mother, immediately thereafter, shall be the duty of the person or persons entitled to report its birth to the Commissioner of Health, in the manner and within the period above specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 70 309

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex (state whether male or female),* female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Nov 24th
4. *Place of Birth (Street and Number),* 1402 E Monument St
5. *Full Name of Mother,* Margaret F Hubbard
6. *Mother's Maiden Name,* Margaret F McMakase
7. *Mother's Birthplace,* Canada
8. *Full Name of Father,* James F Hubbard
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary E Price

Address, 1630 Ashland Ave

Remarks, Healthy Child

Publishing Co., City Printers and Stationers

1 8 9 5 U 0 0 7 6 5 3

RETURN OF A BIRTH. 70310

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Nov 24th 1895
4. Place of Birth, (Street and Number) 1417 Race Street
5. Full Name of Mother, Emily Jane Bateman
6. Mother's Maiden Name, " " Hall
7. Mother's Birthplace, England
8. Full Name of Father, Robert J. Bateman
9. Father's Occupation, Evangelist
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Margaret A. Lambert

Address, 31 Henrietta Street

Remarks, Mother & Baby doing well

1895007654

Wm. J. C. Dulany Co., City Printers and Stationers.

Third day of each and every month to the office of the commissioner of health, in case there be no medical attendant upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above specified and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70311

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Nov 24th 95
4. *Place of Birth, (Street and Number)* 932 N Pratt st
5. *Full Name of Mother,* Emma Burney
6. *Mother's Maiden Name,* Emma Tillinger
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* John T. Burney
9. *Father's Occupation* Bottle dealer
10. *Father's Birthplace,* Washington Co Md

Name of Medical Attendant, or other person who makes this Return, Rebecah Burney

Address, 26 S Mount st.

Remarks,

1 8 9 5 0 0 0 7 6 5 5

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in form, to the Registrar of Vital Statistics, within the first and third days of each and every month to the office of the Commissioner of Health, certificate between the first and third days of each and every month to the office of the Commissioner of Health, certificate between the first and attendance upon the mother immediately after the birth, in the manner and within the period above required, and shall over which the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother immediately after the birth, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, it shall become the duty of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70312

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* November 24th 1895
4. *Place of Birth, (Street and Number)* 1023 Jenkins Alley
5. *Full Name of Mother,* Amy Matthews
6. *Mother's Maiden Name,* Amy Anderson
7. *Mother's Birthplace,* Anne Arundel Co
8. *Full Name of Father,* Amy Matthews
9. *Father's Occupation* Waiter
10. *Father's Birthplace,* Anne Arundel Co

Name of Medical Attendant, or other person who makes this Return, Amelia Johnson

Address, 1024 Dukeman

Remarks,

1895007656

Wm. J. C. Dulany Co., City Printers and Stationers.

and other child shall be delivered, duly signed by the attendant or other person who shall have charge of the birth, and the occupation of its parents, the date and place of birth, and the name to be given to the child, in the form of a certificate between the first and third day of each and every month to the physician or practitioner of midwifery, or the person or parents of such child, to be by him or them, or by such person, or persons, or parents, immediately thereafter, transmitted to the Commissioner of Health. In case there shall be no other person to be in attendance upon the birth, it shall become the duty of the person or parents of such child to report the same immediately thereafter, in the manner and within the period above required, and such person or persons who shall have charge of the birth, or who shall be in attendance upon the birth, to the Commissioner of Health, to comply with the provisions of this section shall be and are hereby required to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70318

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Nov 24th 1895
4. Place of Birth, (Street and Number) 1607 Church St Baltimore
5. Full Name of Mother, Annie Johnson
6. Mother's Maiden Name, Annie Johnson
7. Mother's Birthplace, Anne Arundel Co
8. Full Name of Father, John Johnson
9. Father's Occupation Laborer
10. Father's Birthplace, Howard Co

Name of Medical Attendant, or other person who makes this Return, Mary Dorsey

Address, 1809 Lorman St

Remarks,

1895 0007657

If a child is born in a house, the return must be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, the person in whose premises such child is born, or the person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70314

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth. November 24, 1895
4. Place of Birth, (Street and Number) 1514 Hollbrook St.
5. Full Name of Mother, Lizzie C. Myers
6. Mother's Maiden Name, Gragg
7. Mother's Birthplace, Pennsylvania
8. Full Name of Father, George G. Myers
9. Father's Occupation Telegrapher
10. Father's Birthplace, Pennsylvania

Name of Medical Attendant, or other person who makes this Return, J. Frank Drexel M.D.

Address, 1051 August St.

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the parents, the date and place of birth and the occupation of its parents, the attendant shall have the same, or other person who shall make the return, to be certified in form of certificate between the first and third day of each and every month to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance within the mother, immediately thereafter it shall become the duty of the person required, and the mother, if able, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70315

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth.* Nov 24th 1895
4. *Place of Birth, (Street and Number)* Brunt St No 1804
5. *Full Name of Mother,* Annie Tangy
6. *Mother's Maiden Name,* Annie King
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Dennis Tangy
9. *Father's Occupation* Tinsmith Tractor Co.
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Chas. B. Donnelly

Address, 1635 E. Chase St.

Remarks, None

8 9 5 0 0 0 7 6 5 9

Wm. J. C. Dulany Co., City Printers and Stationers.

Every birth shall be reported within twenty-four hours after birth, by the physician, midwife, or other person in charge of the case, to the Registrar of Vital Statistics, Board of Health, Baltimore City, on the blank form provided for that purpose, which shall be signed by the person reporting, and shall contain the full name and occupation of the parents, the date and place of birth, and the number of the child of the mother, and such other information as may be required by the said schedule shall be signed by the person reporting, and shall have the full name and address of the attendant, if there be one, and shall be sent by mail or delivered every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70316

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 24th of November 95
4. *Place of Birth, (Street and Number)* 1723 W. Pratt St.
5. *Full Name of Mother,* Auguste Mathies
6. *Mother's Maiden Name,* Auguste Zeidler
7. *Mother's Birthplace,* Pole
8. *Full Name of Father,* Mathias Mathies
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Pole

Name of Medical Attendant, or other person who makes this Return, Friederike Heusler Midwife

Address, 2116 W. Pratt St.

Remarks,

8 9 5 0 0 0 7 6 6 0

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur within the above period, the attendant or attendants shall be required to make a return of such attendance upon the mother, immediately thereafter; it shall become the duty of the person above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70317

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 25 1885
4. Place of Birth, (Street and Number) 1229 E Eager
5. Full Name of Mother, Nellie Funk
6. Mother's Maiden Name, " Henry
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Sylvester E Funk
9. Father's Occupation, Shoe Cutter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. J T Speckmann MD

Address, 14 N Patterson Park Ave

Remarks,

8950007661

said schedule shall be delivered, duly signed by the attendant, the form of certificate hereof on the reverse side hereof, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

968.-J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 70318

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 –

1. *Sex, (State whether male or female)* Female.
2. *Race or color, (if not of the white race)* White –
3. *Date of Birth,* Nov. 25th – 1895 –
4. *Place of Birth, (Street and Number)* 217 N. Stricker St.
5. *Full Name of Mother,* Sally Fox –
6. *Mother's Maiden Name,* Springer –
7. *Mother's Birthplace,* Balto. City –
8. *Full Name of Father,* Henry Fox –
9. *Father's Occupation,* Cattle Dealer –
10. *Father's Birthplace,* Balto. City –

Name of Medical Attendant, or other person who makes this Return. R. H. Wolfsmitt, M.D.

Address, Harlem av. & Calhoun St.

Remarks,

1 8 9 5 0 0 0 7 6 6 2

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and tenth days of each month, to the Commissioner of Health, in case the mother of any child born within the city shall have had the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall fail to comply with the provisions of this section shall be subject to a penalty not to be less than five (5) dollars nor more than ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. S. SULANT & CO., CITY PRINTERS AND STATIONERS

Film H 493 CERTIFICATE AMENDED 2/10/76 MB

RETURN OF A BIRTH. 70319

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: MYRTLE LEE Bell

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 25 of Nov 1895
4. Place of Birth, (Street and Number) Baltimore Md 1577 Fawn
5. Full Name of Mother, Lindy May Bell
6. Mother's Maiden Name, " " Meekins
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, William Samuel Bell
9. Father's Occupation Picture Frame Gilder
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs Mary Fanning

Address, 414 S Hanover St Baltimore Md

Remarks, Mother and Child are doing well

Filed 8/8/95 0 0 7 6 6 3 6

RETURN OF A BIRTH. 70320

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 25-95
4. Place of Birth, (Street and Number) 615 E. Chase St.
5. Full Name of Mother, Annie M. Cauby
6. Mother's Maiden Name, " " " Toyer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, W. F. Cauby
9. Father's Occupation Police Sergeant
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, W B Reary MD

Address,

Remarks,

8950087864

Wm. J. C. Dulany Co., City Printers and Stationers.

Sec. 2. Any midwife or physician or practioner of midwifery of the person or parents of such child, to report the birth of such child to the Commissioner of Health. In case no other person be in attendance upon the mother, immediately thereafter it shall become and within the period above required shall occur without the attendance of a midwife or physician or practioner of midwifery, the mother of such child to report the birth of such child to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70821

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Jan 25-1899
4. *Place of Birth, (Street and Number)* 19 Fulton Ave No 1.22
5. *Full Name of Mother,* Catharine H. Ettner
6. *Mother's Maiden Name,* Catharine H. Schroeder
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* William H. Ettner
9. *Father's Occupation* Attorney at Law
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs S Kelley

Address, No 19-22 Fulton Ave

Remarks,

8950007665

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parents or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above prescribed, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70322

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th Child

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Nov 25th 1895
4. *Place of Birth, (Street and Number)* 928 Druid Hill Ave
5. *Full Name of Mother,* Amelia M. Stinney
6. *Mother's Maiden Name,* " Butler.
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Charles R Stinney jr
9. *Father's Occupation,* Upholsterer
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, Mrs Louisa Lane

Address, 644 Jackson St

Remarks,

8 9 5 0 0 0 7 6 6 6

Wm J C. Dulany Co., City Printers and Stationers.

[illegible] delivered, duly altered by the practitioner in the form of a certificate [illegible] place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, who shall thereupon furnish blank forms of return, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70323

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 25
4. *Place of Birth, (Street and Number)* 1006 N Cross
5. *Full Name of Mother,* Philippina Steuernagel
6. *Mother's Maiden Name,* Philippina Heibert
7. *Mother's Birthplace.* Baltimore Md
8. *Full Name of Father,* George Steuernagel
9. *Father's Occupation* Clothing Trimmer
10. *Father's Birthplace.* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Mari Kestler

Address. Nbr 1005 N. Cross St

Remarks.

8 9 5 0 0 0 7 6 6 7

said actions shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each month, to the Commissioner of Health, under penalty of ten dollars for every child born, and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall thereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70324

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, ~~2d, 3d, &c.~~) _____

1. *Sex*, (*state whether* ~~*male or*~~ *female*) _____
2. *Race or Color*, (~~*if not of the*~~ *white race*) _____
3. *Date of Birth*, Nov 25 1915
4. *Place of Birth*, (*Street and Number*) 1103 N Dallas
5. *Full Name of Mother*, Katie M Underwood
6. *Mother's Maiden Name*, " Yaeger
7. *Mother's Birthplace*, City
8. *Full Name of Father*, Lee B Underwood
9. *Father's Occupation* Operator (Harness)
10. *Father's Birthplace*, City

Name of Medical Attendant, or other person who makes this Return, E J Johnson M.D.

Address, 1502 N Bond St.

Remarks, _____

8 Y 5 U 0 0 7 6 6 8

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70325

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 25th
4. Place of Birth, (Street and Number) 1723 Eutaw St.
5. Full Name of Mother, Elizabeth Stobbs
6. Mother's Maiden Name, Elizabeth Viertel
7. Mother's Birthplace, Maryland
8. Full Name of Father, James B. Stobbs
9. Father's Occupation, Engineer
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, J. K. Galloway MD

Address, 318 E Lanvale St

Remarks,

0750007669

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third days of each month, to the Commissioner of Health, in default of which the person making such delivery shall forfeit and pay the sum of five (5) dollars for each offence; and if any such person shall be a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person so neglecting or refusing to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70826

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9 Children

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 25th November
4. *Place of Birth, (Street and Number)* 419 N. Gallows Street
5. *Full Name of Mother,* Jonna Mitchell
6. *Mother's Maiden Name,* Jonna Henson
7. *Mother's Birthplace,* Charles County Md
8. *Full Name of Father,* Nathan Mitchell
9. *Father's Occupation* Stevador
10. *Father's Birthplace,* Saint Mary's County

Name of Medical Attendant, or other person who makes this Return, Grace Patterson

Address, 419 Lewis Street

Remarks, Doing well.

8950007670

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH: 70327

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 22nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Col
3. Date of Birth, Nov 25th 1895
4. Place of Birth, (Street and Number) 47 W. West St.
5. Full Name of Mother, Emma Martin
6. Mother's Maiden Name, Emma Steward
7. Mother's Birthplace, Anna Arundel County 3rd District
8. Full Name of Father, Louis Martin
9. Father's Occupation Laborer
10. Father's Birthplace, Charleston, South Carolina

Name of Medical Attendant, or other person who makes this Return, Caroline Moore

Address, 47 W. West St

Remarks,

1 8 9 5 0 0 0 7 6 7 1

shall occur without the attendance of a physician or midwife, the commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person, be in attendance upon the mother, then the father or person in the room where such child shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the minute and within the period above required, and such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence. To be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70328

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* F

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* Nov 25 95

4. *Place of Birth, (Street and Number)* 901 E d ave

5. *Full Name of Mother,* Julia Boylan

6. *Mother's Maiden Name,* " Hyne

7. *Mother's Birthplace,* Ireland

8. *Full Name of Father,* Patrick J Boylan

9. *Father's Occupation* Saloon

10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, J. M. Hundley

Address, 1001 E d ave

Remarks,

18950007672

said child, the full sex, color, the full name and occupation of its parents, the date and place of birth, and the number of such child, as stated to the person making the return, or certified by the person who shall have attended at the birth, to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the parents of such child to report its birth to the Commissioner of Health, by mail or personally within the period above specified, and such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 70329

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Nov. 25 1895
4. *Place of Birth, (Street and Number)* 1465 William st.
5. *Full Name of Mother,* Amela Muller
6. *Mother's Maiden Name,* Graff
7. *Mother's Birthplace,* America
8. *Full Name of Father,* George Muller
9. *Father's Occupation* Labor
10. *Father's Birthplace,* America

Name of Medical Attendant, or other person who makes this Return, Carolina Schwarz

Address, 434 Fort ave

Remarks,

1895007673

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month, to a duly appointed officer of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should the other person or persons be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons so attending such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 1-14-54

RETURN OF A BIRTH. 70330

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Given Name - Pauline Grace

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 25 Nov 1855
4. *Place of Birth, (Street and Number)* 20 Exeter St
5. *Full Name of Mother,* Beccie Liberman
6. *Mother's Maiden Name,* Georgs
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Bernard Liberman
9. *Father's Occupation* Minister
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, E. Scherman

Address, 42 Albemarle St

Remarks,

1 8 9 5 0 0 0 7 6 7 4

said relative shall be given, the full name and occupation of its parents, the date and place of birth, and the sex, color, and number of every child born of such parents, and the place of birth, and the date of birth, and the third day of each and every month to the office of the Commissioner of Health, in the form of a certificate between the first and the said office, upon the mother, immediately after the birth of such child, or upon the person in charge of such mother, or upon the person or persons in attendance upon such child or upon any such person or persons who shall become the duty of the person or persons of such child or upon any such person who shall have charge of such child, to make the said return, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70331

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 25th of November 95
4. *Place of Birth, (Street and Number)* 335 Pulaski St.
5. *Full Name of Mother,* Lice Barkowski
6. *Mother's Maiden Name,* Lice Kahn
7. *Mother's Birthplace,* Pole
8. *Full Name of Father,* Samuel Barkowski
9. *Father's Occupation* Lackschmidt
10. *Father's Birthplace,* Pole

Name of Medical Attendant, or other person who makes this Return. Friederike Heuler Midwife

Address, 2116 W. Pratt St.

Remarks,

8950007675

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] section of as parents the date and place of birth; and the [illegible] delivered, duly signed by the practitioner in the form of a certificate herein provided, to the [illegible] third day of each month to the office of the Commissioner of Health. In case between the first and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any [illegible] person or parents shall neglect or refuse to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70032

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* November 25th 1895
4. *Place of Birth, (Street and Number)* No. 10 Mearful Lane
5. *Full Name of Mother,* Mary Hanslick
6. *Mother's Maiden Name,* Mary Nietz
7. *Mother's Birthplace,* Bohemen
8. *Full Name of Father,* Joseph Joseph Hanslick
9. *Father's Occupation* Butter
10. *Father's Birthplace,* Bohemen

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

6 9 5 0 0 0 7 6 7 6

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] day of each and every month to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately hereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70383

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex; (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 25th
4. *Place of Birth, (Street and Number)* 1122 N. Mount st
5. *Full Name of Mother,* Mary E. Smith
6. *Mother's Maiden Name,* Moore
7. *Mother's Birthplace,* Philadelphia
8. *Full Name of Father,* Thomas ~~Smith~~ Moore
9. *Father's Occupation* Fireman
10. *Father's Birthplace,* England

Name of Medical Attendant, or other person who makes this Return, B. L. Cottin, Md

Address, Hospital, 1122 N. Mount

Remarks,

8 9 5 0 0 0 7 6 7 7

RETURN OF A BIRTH. 70334

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) No Children 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* November 25 Monday 1895
4. *Place of Birth, (Street and Number)* 1722 Macellin St
5. *Full Name of Mother,* Ella V Easley
6. *Mother's Maiden Name,* Ella V Johnson
7. *Mother's Birthplace,* Pennsylvania Pa
8. *Full Name of Father,* Ethell H Easley
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Fittsylvania County Virginia

Name of Medical Attendant, or other person who makes this Return, Mrs Susan Hooper

Address, 1223 N Durham st

Remarks,

8950007678

said child shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each month, to a sworn officer of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner or midwife, it shall be the duty of the person or persons in attendance upon the mother, immediately thereafter, to comply with the provisions of this section; and if any child is born in a place where no person is in attendance, the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons neglecting or failing to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70335

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Alex C. Kirsch 3.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Born 25 November 95
4. *Place of Birth, (Street and Number)* Amity St. No 804
5. *Full Name of Mother,* Josefa Kelch
6. *Mother's Maiden Name,* Flow
7. *Mother's Birthplace,* Poland
8. *Full Name of Father,* Stefan Kawiatki
9. *Father's Occupation* Dockland
10. *Father's Birthplace,* Poland

Name of Medical Attendant, or other person who makes this Return, Agnes Studebaker

Address, Thames St. No 1035

Remarks, h y t

8 9 5 0 0 0 7 6 7 9

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health; in case the birth of any child shall occur without the attendance of a regular practitioner of midwifery, or should no other person be in attendance who shall be required by this section to provide and fill a return, shall be and the same is hereby made the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70336

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

George Roy Geipe

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11.

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Nov. 26. (3. 15. P. M.) 1895
4. *Place of Birth, (Street and Number)* 219. Friendships Lane Waverly
5. *Full Name of Mother,* Margarethe Susanne Geipe
6. *Mother's Maiden Name,* Tully
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Arno Geipe
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Glenrock - Bavaria

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Kanne (for the

Address, Mother's Relief Society) 632 N. Fremont Ave.

GIVEN NAME ADDED, 6-10-83

Remarks, L. Sm.

1895 0007680

Wm. J. C. Dulany Co., City Printers and Stationers.

Sec. 5. No child shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person owning or controlling said or occupying the house, to give notice to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70337

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 26th Nov 92
4. *Place of Birth, (Street and Number)* 608 Lawyers Ave
5. *Full Name of Mother,* Carrie Buckheit
6. *Mother's Maiden Name,* " Bolander
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* John P. Buckheit
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Geo E. Yarnell

Address, 436 E. Fort Ave

Remarks,

1895000768 1

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, the nurse, midwife or other person in attendance upon the mother, immediately thereafter it shall become the duty of the person so offering to report such birth to the Commissioner of Health, in the manner and within the period above required, and any such person offering to report such birth shall forthwith comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70338

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) II

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov. 26/95
4. *Place of Birth, (Street and Number)* 1956 Mt. Elderry Str.
5. *Full Name of Mother,* Julie A. Schmitt
6. *Mother's Maiden Name,* " " Prester
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* John Schmitt
9. *Father's Occupation* Cooper
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough Str.

Remarks,

8950007682

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each calendar month to the office of the Commissioner of Health, in the city of Baltimore, and the shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately upon the birth of any child it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70339

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, *&c*.) III

1. *Sex*, (*state whether male or female*) Girl

2. *Race or Color*, (*if not of the white race*) White

3. *Date of Birth*, Nov. 26/95

4. *Place of Birth*, (*Street and Number*) 124 S. Register Str.

5. *Full Name of Mother*, Ida Seitel

6. *Mother's Maiden Name*, " Wells

7. *Mother's Birthplace*, Balto.

8. *Full Name of Father*, Frank Seitel

9. *Father's Occupation* Potter

10. *Father's Birthplace*, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough St.

Remarks,

1895000007683

Wm. J. C. Dulany Co., City Printers and Stationers.

FIRST NAME ADDED 1-13-60

RETURN OF A BIRTH. 70340

CERTIFICATE CORRECTED 1-18-60

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

George Henry Thomas

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Nov 26th 1895
4. *Place of Birth, (Street and Number)* Rosina ~~Thom~~ Thomas
5. *Full Name of Mother,* Ehrman
6. *Mother's Maiden Name,* Baltimore
7. *Mother's Birthplace,* Wm L ~~Thom~~ Thomas
8. *Full Name of Father,* Tiner
9. *Father's Occupation* Baltimore
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Geo R Habaw

Address, 725 Columbia ave

Remarks,

1 8 9 5 0 0 0 7 6 8 4

Sec. 5.—No fee shall be delivered, only signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately after the birth, or should any other person be required, such person shall report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70341

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. *Sex, (state whether male or female)* Boy.
2. *Race or Color, (if not of the white race)* white.
3. *Date of Birth,* 26 November.
4. *Place of Birth, (Street and Number)* N. S. Waterie Street.
5. *Full Name of Mother,* Maya Prusser.
6. *Mother's Maiden Name,* Maya Buschel.
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* John Prusser.
9. *Father's Occupation* Laborman.
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return, Mary Weiss.

Address, 1 S. W. Gye Street.

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

6750007685

RETURN OF A BIRTH. 70342

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, november . 26 . 1895
4. Place of Birth, (Street and Number) 1207, Hurst alley
5. Full Name of Mother, Eliza americhn
6. Mother's Maiden Name, Eliza Boecker
7. Mother's Birthplace, Baltimore . md
8. Full Name of Father, henry americhn
9. Father's Occupation, Labor
10. Father's Birthplace, Baltimore . md

Name of Medical Attendant, or other person who makes this Return, Ellmnora . a. anderson

Address, 1434 . Patapsco . st

Remarks,

6 9 5 0 0 0 7 6 8 6

Wm. J. C. Dulany Co., City Printers and Stationers.

shall be delivered, duly signed by the practitioner in charge, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health, a certificate between the first and fifteenth days of each and every month, to the office of the Commissioner of Health, a certificate of the birth of any child born without the attendance of a physician or practitioner of midwifery, or should any other person such child to report its birth to the Commissioner of Health within twenty-four hours after birth, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 78343

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* November 26th 1895

4. *Place of Birth, (Street and Number)* 511 S. Wolf Street

5. *Full Name of Mother,* Maggie Pillscott

6. *Mother's Maiden Name,* Maggie Miller

7. *Mother's Birthplace,* Baltimore Md

8. *Full Name of Father,* Frank Pillscott

9. *Father's Occupation,* Blind Maker

10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Mary Engelhart

Address, 1726 Eastern Ave Balto Md

Remarks,

8950007687

[illegible] be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70344

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or ~~female~~)
2. Race or Color, (if not of the white race)
3. Date of Birth, November 26
4. Place of Birth, (Street and Number) 1513 Race Street
5. Full Name of Mother, Lena Clark
6. Mother's Maiden Name, " Rochstein
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frank Joseph Clark
9. Father's Occupation, B & O Brakeman
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Katie Hirsch

Address, 800 Lauderhall Street

Remarks, 8 4 5 0 0 0 7 6 8 8

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] delivered, duly signed by the practitioner in the form of a certificate hereinafter [illegible] and the [illegible] within the first and [illegible] of the person or parents of such child [illegible] in case of the [illegible] of any child [illegible] or sound, in which case no other person be in [illegible] of such [illegible] within the period above [illegible] shall be sub- [illegible] provisions of this section, shall be [illegible] and [illegible] forfeitures are recoverable, [illegible] dollars for each offence; to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70345

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Nov 26 '95
4. Place of Birth, (Street and Number) 431 N Gunstock Ave
5. Full Name of Mother, Jenny Hart
6. Mother's Maiden Name, Fleckenstein
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Burkhart Hart
9. Father's Occupation Tailor
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Caroline Muller

Address, 1605 Walker St

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

8950007688

Such a certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the days and the attendant or person in charge of the mother, immediately thereafter, in the manner and within the period above recited, and at the office of the Commissioner of Health, in the city of Baltimore, and shall be signed by no other person be in the third day of each and every case of a physician or practitioner of a physical or surgical nature, it will become the duty of the person or parents of such child to report its birth to the Commissioner fail to comply with the provisions of the section shall be subject to any such person or persons, and likewise any other offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70346

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 26th of November
4. Place of Birth, (Street and Number) 1025½ Fort ave
5. Full Name of Mother, Katie Hofmann
6. Mother's Maiden Name, Kattie Helmstadter
7. Mother's Birthplace, Rahway N J
8. Full Name of Father, Henry Hofmann
9. Father's Occupation, Machinist
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Katie Künch

Address, [illegible] Leadenhall Street

Remarks,

1 8 9 5 0 0 0 0 7 6 9 0

[illegible] shall be delivered, duly signed by the practitioner in [illegible] parents, the date and place of birth; and the [illegible] in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70347

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 26th Nov 1895
4. *Place of Birth, (Street and Number)* 1714 Collington Ave
5. *Full Name of Mother,* Katie Burgman
6. *Mother's Maiden Name,* " " Henning
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Burgman
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Bruns

Address, 1600 N Chester St

Remarks,

U 7 5 0 0 0 7 6 9 1

Wm. J. C. Dulany Co., City Printers and Stationers.

No name shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. It is to give the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70 848

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third (3)

1. Sex, (state whether ~~male or~~ female)
2. Race ~~or Color~~, (if not of the white race)
3. Date of Birth, ~~715 Hanover St~~ November 26 1900
4. Place of Birth, (Street and Number) 715 Hanover St
5. Full Name of Mother, Maggie Marcum
6. Mother's Maiden Name, Zadler
7. Mother's Birthplace, Northampton Co Va
8. Full Name of Father, James Marcum
9. Father's Occupation Painter
10. Father's Birthplace, Washington N C

Name of Medical Attendant, or other person who makes this Return, Henry H Imhof M.D.

Address, 520 Sheilds st

Remarks. 8 9 5 0 0 0 7 6 9 2

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, and the attendance of a physician or midwifery, or should no other person of such age, shall occur without the mother, immediately before or after birth, in the manner and within the period above required, and attendance upon the mother, or who shall be present at such birth, shall be subject to the penalty of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70349

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Number 10

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Race Color
3. Date of Birth, Born 26 of nov 1895
4. Place of Birth, (Street and Number) Ward Street 1404
5. Full Name of Mother, Mary Eliza mathen
6. Mother's Maiden Name, Mary Eliza ~~mathen~~ Bright
7. Mother's Birthplace, Cheslee mathen
8. Full Name of Father, Birthplace Baltimore County
9. Father's Occupation Shed door
10. Father's Birthplace, Birthplace howard co

Name of Medical Attendant, or other person who makes this Return, l Sempeu mull

Address, 1360 Cleveland st

Remarks, do remark well

8 9 5 0 0 0 7 6 9 3

Said schedule shall be delivered, duly signed by the practitioner, or other person, to the office of the Registrar of Vital Statistics, Board of Health, Baltimore City, in the form of a certificate, stating the date and place of birth; and the name, age and residence of the parents, and the sex and color of every child born in the city of Baltimore, between the first and third day of every month; and every physician or person who shall become aware of the birth of any child within the city of Baltimore, shall immediately, in the manner and form prescribed by the Commissioner of Health, in the place of the person above required, attend to the duties of the office of the Registrar of Vital Statistics, in the place of the person above required, and shall cause the birth to be registered in the office of the Registrar of Vital Statistics, in the manner and form prescribed by the Commissioner of Health, in this section shall be recoverable. Any such person or persons who shall have neglected or refused to comply with the provision and forfeitures are recoverable, subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 1-13-55

RETURN OF A BIRTH. 70350

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Cyrus Newton Berryman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov. 4th 1895
4. *Place of Birth, (Street and Number)* 2105 Vine st.
5. *Full Name of Mother,* Francis Berryman
6. *Mother's Maiden Name,* Rodney
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Chas Berryman
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, M. S. Carter

Address, 1800 W. Baltimore St.

Remarks, Filed: 1895

1895 0007694

be conferred) its sex color, the full name and occupation of its parents, the date and place of birth; and the full name of each child, if any shall have been born before; and the same shall be certified in the form of a certificate to be given to the person who shall deliver the child, and a duplicate thereof, in the form of a schedule shall be delivered by the attendant or person who shall deliver the child, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person or parents of such child forthwith to give notice to the Commissioner of Health, in the manner and within the period herein prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70351

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Nov 26th 1895
4. *Place of Birth, (Street and Number)* No. 27 Hafers St.
5. *Full Name of Mother,* Barbra Mussmann
6. *Mother's Maiden Name,* Barbara Buchholz
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Adam Mussmann
9. *Father's Occupation* Butcher
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1 8 9 5 0 0 0 7 6 9 5

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in case the birth of a child shall occur without the aid of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person, or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

occupation of as parents, the date and place of birth; and the

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70352

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 26 1895
4. Place of Birth, (Street and Number) Eargey st 2030
5. Full Name of Mother, Mary Kolek
6. Mother's Maiden Name, Bohaimer
7. Mother's Birthplace, John Kolek
8. Full Name of Father, Labor
9. Father's Occupation Bohaimer
10. Father's Birthplace, Mary Kofits

Name of Medical Attendant, or other person who makes this Return. N Washington st 205

Address,

Remarks,

6950007696

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be delivered, duly signed by a practitioner in the form of a certificate between the [illegible] said schedule shall be delivered, duly signed by a practitioner in the form of a certificate between the [illegible] and every month to a physician or practitioner, who shall become the duty of the person or persons [illegible] third day of each month the attendance of the physician or practitioner, the person or persons of such [illegible] shall occur upon the mother, Commissioner of Health, in the manner and provisions of this section. In case the birth person be in [illegible] child to report its birth, or persons who shall have neglected to comply with the provisions of this section, be recoverable, any such person or persons shall be liable to a penalty of fifty dollars for each offence, to be recovered as other fines and forfeitures are recoverable. [illegible] jected to the fine or ten (10) dollars for each offence.

RETURN OF A BIRTH. 70353

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored dark brown
3. *Date of Birth,* 26th of november 1895
4. *Place of Birth, (Street and Number)* 309 Lee St Baltimore
5. *Full Name of Mother,* Agnes Wise
6. *Mother's Maiden Name,* Agnes Queen
7. *Mother's Birthplace,* Prince Georg Maryland
8. *Full Name of Father,* Obediah Wise
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Accomac County Va

Name of Medical Attendant, or other person who makes this Return, Annie Johnson

Address, 1012 Plum Alley

Remarks,

6950007697

Wm. J. C. Dulany Co., City Printers and Stationers.

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the Registrar of Vital Statistics, and the child's name, if any, and every month to the office of the Commissioner of Health, a certificate between the first and last days of each and every month to the office of the Commissioner of Health, stating the number of any child born within such month, and the name and residence of the person or persons who shall have been in attendance upon the mother, immediately preceding the birth of any child, and in default thereof, or if any midwife or other person shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and shall neglect or refuse to do so, or shall make any false report, such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70354

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (~~state whether male or~~ female)
2. Race or Color, (if not of the white race) Mulatto
3. Date of Birth, Nov 26th 1895
4. Place of Birth. (Street and Number) 1446 Morton St.
5. Full Name of Mother, Fanny Slaney
6. Mother's Maiden Name, Brown
7. Mother's Birthplace, Virginia
8. Full Name of Father, L. D. Slaney
9. Father's Occupation, Porter
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return. Jas. M. Craighill

Address, 1730 N. Charles St.

Remarks,

1895008769 8

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, then the mother, or in her absence, the nurse or other person in attendance, shall report such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70355

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 and 5 twins

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* November 27th 1885
4. *Place of Birth, (Street and Number)* No 7 Young St
5. *Full Name of Mother,* Elizabeth Strauss
6. *Mother's Maiden Name,* Elizabeth Schmidt
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John G Strauss
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

1 8 9 5 0 0 0 7 6 9 9

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the mother, or in her absence, the father of the child, or the person or persons having charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70366

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 1

1. *Sex*, (*state whether male or female*) Girl
2. *Race or Color*, (*if not of the white race*) white
3. *Date of Birth*, November 11 95
4. *Place of Birth*, (*Street and Number*) Garrett Ave 1320
5. *Full Name of Mother*, Lizzie Antlitz
6. *Mother's Maiden Name*, Earl
7. *Mother's Birthplace*, Baltimore - Md
8. *Full Name of Father*, Mike Antlitz
9. *Father's Occupation* Workman
10. *Father's Birthplace*, Baltimore - Md

Name of Medical Attendant, or other person who makes this Return. Jakanza Janske

Address, Garrett Ave 1352

Remarks,

1 8 9 5 0 0 0 7 7 0 0

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] signed by the practitioner is the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the birth, the mother shall immediately thereafter, or the person or persons of such child or children, or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70357

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Nov 27 1896
4. *Place of Birth, (Street and Number)* 2809 Aldson St
5. *Full Name of Mother,* Susan E.
6. *Mother's Maiden Name,* Nelson
7. *Mother's Birthplace,* City
8. *Full Name of Father,* W. Frank Hodge
9. *Father's Occupation* Insurance Agent
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return, E. J. Bottomley M.D.

Address, 1114 Chapel St.

Remarks.

8950007701

Wm. J. C. Dulany Co., City Printers and Stationers.

Every person who shall neglect or refuse, during the first ten days after the birth of any child, to report the birth to the Commissioner of Health, in manner and with the particulars required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 70358

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth,* Nov 27 1895
4. *Place of Birth, (Street and Number)* 1514 E. Oliver St
5. *Full Name of Mother,* Kate E Killmond
6. *Mother's Maiden Name,* " " Durkee
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Jno. W. Killmond
9. *Father's Occupation,* Driver
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this return. R G Davis MD

Address, 1507 N Caroline St

Remarks,

B 9 5 0 0 0 7 7 0 2

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered by the physician or other person who shall have been in attendance at the birth, or the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person or child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 70359

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Nov 27th 1895
4. *Place of Birth, (Street and Number)* 1017 Jackson alley
5. *Full Name of Mother,* Lizzie Brooks
6. *Mother's Maiden Name,* Lizzie Trott
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Charles Brooks
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Elkton, Maryland

Name of Medical Attendant, or other person who makes this Return, J W Keown AB. MD.

Address, Mansfield Gend Hospital Garden Ave

Remarks,

8 9 5 0 0 0 7 7 0 3

and which shall be delivered, duly signed by the attending physician or midwife, or the person who shall have charge of such child, to the office of the Commissioner of Health, within the period above required, and shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall neglect or refuse to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

Each Coloured child's sex, color, full name and occupation of its parents, the date and place of birth; and the name and residence of the attending physician or midwife, in the form of a certificate between the first and third day of each and every month, duly signed by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or the person or parents of such child to report its birth to the Commissioner of Health, shall become aware of the fact within the period above required, and any such person or persons shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 70 360

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 child.

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, Nov. 27-1895.
4. Place of Birth, (Street and Number) 725 Roland Ave.
5. Full Name of Mother, Mary F. Jones.
6. Mother's Maiden Name, Mary F. Lewis.
7. Mother's Birthplace, Baltimore Co. Md.
8. Full Name of Father, Edward F. Jones.
9. Father's Occupation, Engineer.
10. Father's Birthplace, Hardfer Co.

Name of Medical Attendant, or other person who makes this Return. Elizabeth Gunnisman.

Address, Hamden.

Remarks, 1 8 9 5 0 0 0 7 7 0 4

J. C. BULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 70361

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, at his office, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or other person, the father, if present, or in his absence, the mother, immediately thereafter, it shall become and within the period above required, and shall report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4. children

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth,* November 27th 1895
4. *Place of Birth, (Street and Number)* 131 Henrietta St - Baltimore
5. *Full Name of Mother,* Annie Ry
6. *Mother's Maiden Name,* Annie Johnson
7. *Mother's Birthplace,* Caroline County Virginia
8. *Full Name of Father,* Charles Ry
9. *Father's Occupation* Stevedore
10. *Father's Birthplace,* Tryphallent County Md

Name of Medical Attendant, or other person who makes this Return, Mary Walker

Address, N. 11 York Street - Baltimore

Remarks, J. H. Monzel

N. York St.

1895 0007705

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70362

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* —
3. *Date of Birth,* Nov 27/95
4. *Place of Birth, (Street and Number)* No 2014 Orleans Str
5. *Full Name of Mother,* Hedwig Volker
6. *Mother's Maiden Name,* Maurer
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Louis Volker
9. *Father's Occupation* Baltimore
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs L. Gross.

Address, No 1907 E Monument St

Remarks,

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or where no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8950-07706

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70363

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 27 November
4. *Place of Birth, (Street and Number)* 1701 Andrew st.
5. *Full Name of Mother,* Augusta Riesler
6. *Mother's Maiden Name,* " Kominzkie
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Fritz Riesler
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Ralf. Mofer

Address, 1531 Hill st. Locust Point.

Remarks.

1 8 7 5 0 0 0 7 7 0 7

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70364

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2d of November 1895
4. Place of Birth, (Street and Number) No 910 Eutaw St
5. Full Name of Mother, Celia Kreig
6. Mother's Maiden Name, Celia McCleary
7. Mother's Birthplace, Ireland
8. Full Name of Father, James Kreman
9. Father's Occupation Painter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Chas W. Dauer

Address. No 1034 Mayfield Ave

Remarks. Bal. Md.

1895.

B 9 5 0 0 0 7 7 0 0

Wm. J. C. Dulany Co., City Printers and Stationers.

Every day or part of a day during which the practitioner in the form of a certificate between the 1st and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother at the time of the birth, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70 365

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 27th 1895
4. Place of Birth, (Street and Number) 6 W. Cross St.
5. Full Name of Mother, Mary Murray
6. Mother's Maiden Name, McDonough
7. Mother's Birthplace, Richmond, Va.
8. Full Name of Father, Adam Murray
9. Father's Occupation, Lithograph Printer
10. Father's Birthplace, Dublin, Ireland

Name of Medical Attendant, or other person who makes this Return. Maggie A. Wilkinson

Address, 6 W. Cross St.

Remarks,

1895000 7709

Wm J. C. Dulany Co., City Printers and Stationers.

[illegible] and severe, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of any physician or practitioner of midwifery, or should the person or persons in attendance upon the mother, immediately thereafter, or within the period above required, neglect or omit to make such report, it shall be the duty of the person or persons so in any such case, to become the duty of the person or persons so with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70 366

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth.* November 27, 1895.
4. *Place of Birth, (Street and Number)* 2247 E. Biddle Street
5. *Full Name of Mother,* Elisabeth Kearns
6. *Mother's Maiden Name,* Elizabeth Wolf
7. *Mother's Birthplace,* Altoona, Penna.
8. *Full Name of Father,* Wm. H. Kearns
9. *Father's Occupation* Electrician
10. *Father's Birthplace,* Allegheny, Penna.

Name of Medical Attendant, or other person who makes this Return, J. F. Maxenet

Address, 1701 N. Caroline Street

Remarks,

8 7 5 0 0 8 7 7 1 0

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the street and number of the residence of the parents, the form of certificate for which shall be furnished by the Board of Health, and shall be signed by the attending physician or midwife, or, in case there was no attendant at the birth, by the father or mother of the child, within five days after the birth, and shall be delivered within three days thereafter to the Registrar of Vital Statistics, Board of Health, Baltimore City, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the parents or parents of such child to report the birth to the Commissioner of Health, who shall thereupon issue a blank form to be duly executed and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70367

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Wensday November 27/95
4. *Place of Birth, (Street and Number)* 909½ Leadenhall street
5. *Full Name of Mother,* Mrs Rosie Niklas
6. *Mother's Maiden Name,* Miss Rosie Strohmier
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Ernest E H Niklas
9. *Father's Occupation* Stock Clerk
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Max Bange

Address, 711 E. Cross St.

Remarks,

8950007711

GIVEN NAME ADDED 11-4-52

RETURN OF A BIRTH. 70368

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) ~~Anna Elizabeth Gerhold~~ 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 8-27-1915
4. *Place of Birth, (Street and Number)* 819 Lucena St
5. *Full Name of Mother,* Ann Gerhold
6. *Mother's Maiden Name,* Mary Boulie
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* George Gerhold
9. *Father's Occupation* Upper Grader
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Ida H. C. Jones

Address, 225 E. Baltimore St

Remarks, Baltimore City

1095000771 2

Wm. J. C. Dulany Co., City Printers and Stationers.

Any person who shall neglect or refuse to make a return of a birth, stating the name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered only signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 70369

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* —
3. *Date of Birth,* Nov. 27th, 1895
4. *Place of Birth, (Street and Number)* Walbrook Ave & Payson St
5. *Full Name of Mother,* Margaret Ann Albaugh
6. *Mother's Maiden Name,* Margaret Ann Clocker
7. *Mother's Birthplace,* St. Mary's Co. Md.
8. *Full Name of Father,* Wm. Hyle Albaugh
9. *Father's Occupation,* Grocer
10. *Father's Birthplace,* Baltimore City Md.

Name of Medical Attendant, or other person who makes this Return. James A. Epp M.D.

Address, N.E. Cor. North Ave. and Smith St.

Remarks,

8 9 5 0 0 0 7 7 1 3

This form must list sex, color, the full name and occupation of its parents, the date and place of birth, and the number of such child of its mother, and be signed by the person attending at the birth, or by the parents of such child, and every such return shall be delivered, duly signed by the practitioner in the form of a certificate hereunto, the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, such return shall be made within five days after the birth, by the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

70370

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 27 - 1895
4. *Place of Birth, (Street and Number)* 21 S Fulton ave
5. *Full Name of Mother,* Amanda R. Duffy
6. *Mother's Maiden Name,* Amanda R. Sedicum
7. *Mother's Birthplace,* Baltimore Co
8. *Full Name of Father,* John J. Duffy
9. *Father's Occupation* Lumber Dealer
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, Susan Flesit

Address, 23 N Poppleton St

Remarks, 8950007714

Wm. J. C[illegible] & Sons, City Printers and Stationers.

Any person who shall neglect or refuse to make the return of a birth, the date and place of birth, and the sex and color of the child, in person, or in a certificate signed by the attendant, within the first and third day of each and every month to the office of the Commissioner of Health, in case there be no attendant, shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and with the particulars of such birth, as aforesaid, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

been conferred) his sex, color, the full name and occupation of his parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately hereafter, it shall be the duty of the person or persons of each family to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70371

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. Sex, (state whether male or female) Boy.
2. Race or Color, (if not of the white race) white.
3. Date of Birth, 27. November
4. Place of Birth, (Street and Number) N. 600 Ann. Street.
5. Full Name of Mother, Margareth Beiks.
6. Mother's Maiden Name, Margareth Stiebler
7. Mother's Birthplace, Germany.
8. Full Name of Father, Charles Beiks.
9. Father's Occupation Laborman.
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return, Marg. Kloss.

Address, N. 9. Wolfe. Street.

Remarks,

1895 0 0 7 7 1 5

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 10372

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 28 Nov 1895
4. *Place of Birth, (Street and Number)* 119 E. Lombard St
5. *Full Name of Mother,* Ida Coplan
6. *Mother's Maiden Name,* Freedlander
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Louis Coplan
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, E. Ickesman

Address, 142 Albemarle St

Remarks,

1 8 9 5 0 0 0 7 7 1 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70373

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* November 28th 95.
4. *Place of Birth, (Street and Number)* 332 - 11th st. Waverly
5. *Full Name of Mother,* Elizabeth Coraine
6. *Mother's Maiden Name,* Elizabeth Scott
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Wm. A. Coraine
9. *Father's Occupation* Printer
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return, Charles H. A. Meyer M.D.

Address, 1019 N. Caroline St.

Remarks,

8 9 5 0 0 0 7 7 1 7

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70374

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 28
4. *Place of Birth, (Street and Number)* 60 S Monroe St
5. *Full Name of Mother,* ~~Margaret~~ Mrs Dougherty
6. *Mother's Maiden Name,* ~~Hoffman~~ Barber
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles John Dougherty
9. *Father's Occupation* Express Driver
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Mary Morrison

Address, 412 Scott St

Remarks,

1895000771 8

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 70375

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~state whether 1st, 2d, 3d, &c.~~) 3d

1. Sex, (~~state whether male or~~ female)
2. Race or Color, (~~if not of the~~ white race)
3. Date of Birth, November 2nd 1895
4. Place of Birth, (Street and Number) 530 Carrollton Ave.
5. Full Name of Mother, Lulu R. Klinefelter
6. Mother's Maiden Name, Lulu R. Millinger
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, William A. Klinefelter
9. Father's Occupation, Merchant Tailor
10. Father's Birthplace, Baltimore, Md.

Name of Medical Attendant, or other person who makes this Return. John L. R. Grazer, M.D.

Address, 662 W. Lexington St.

Remarks, 1895007719

Wm. J. C. Dulany Co., City Printers and Stationers.

(Be correct in sex, color, the full name and occupation of its parents, the date and place of birth; and the said return shall be delivered, duly signed by the practitioner in the form of a certificate herein, to the Registrar of Vital Statistics, within three days after the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, the duty devolves upon the person or parents of such child to report the birth, in the manner and within the period above specified and any such person or persons who shall hereafter fail to comply with the requirements of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.)

RETURN OF A BIRTH. 70376

GIVEN NAME ADDED 9-24-69

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Marie ~~Josepha~~ LANG

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) with
3. Date of Birth, 28 November 1895
4. Place of Birth, (Street and Number) Collington Ave 222
5. Full Name of Mother, Carrie Lang
6. Mother's Maiden Name, Carrie Breitenbach
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Lang
9. Father's Occupation Shipping Clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs H. Koon Midwife

Address, 1922 E. Fayette Str.

Remarks,

1 8 9 5 0 0 7 7 2 0

Wm. J. C. Dulany Co., City Printers and Stationers.

Said Return shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and third day of each and every month, at the Office of the Commissioner of Health; and shall be made by a physician or midwife, if such be in attendance upon the mother, immediately hereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70377

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1—

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Nov-28-1895
4. Place of Birth, (Street and Number) 121 S. Bond st
5. Full Name of Mother, Ellen Amelia Billmire
6. Mother's Maiden Name, " " Filbhaus
7. Mother's Birthplace, City
8. Full Name of Father, Geo. Wm. Billmire
9. Father's Occupation, Police
10. Father's Birthplace, City

Name of Medical Attendant, or other person who makes this Return, P. G. Dausch

Address,

Remarks,

1 8 9 5 0 0 0 7 7 2 1

Wm J. C. Dulany Co., City Printers and Stationers.

shall be delivered, only signed by the practitioner in the form of a certificate between the first and tenth days of each and every month to the office of the commissioner of health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, the father, or in default thereof the person or persons in the house shall report such birth to the commissioner of health, in the manner and within the period above required, and any physician or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70378

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* November 28th 1895
4. *Place of Birth, (Street and Number)* 308 E. 21st St.
5. *Full Name of Mother,* Jennie Kirshner Heafly
6. *Mother's Maiden Name,* " Kirshner
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* William V. Heafly
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, Thos. P. McCormick M.D.

Address, 1421 Eutaw Place

Remarks,

1895000772 2

(seen correct) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the attendant or other person who shall make the return, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person in attendance upon the mother immediately thereafter, if she be able, and if not, then of any other person in the house, or of the nurse, if any, or of the person or persons of such child to report its birth to the Commissioner of Health. To comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. O. SULLIVAN CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 70379

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* November 28th 1895.
4. *Place of Birth, (Street and Number)* 1011 Eastern Avenue.
5. *Full Name of Mother,* Augusta Mulligan.
6. *Mother's Maiden Name,* Augusta Karl.
7. *Mother's Birthplace,* Baltimore City.
8. *Full Name of Father,* James Mulligan.
9. *Father's Occupation,* Fireman.
10. *Father's Birthplace,* Baltimore City.

Name of Medical Attendant, or other person who makes this Return. Mrs Anna Lenz Midwife

Address, 1539 Aliceanna Street.

Remarks,

8 9 5 0 0 0 7 7 2 3

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, upon the mother, the father or, in the absence of the father, the parent of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 70380

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored.

3. Date of Birth, Nov. 28/1895

4. Place of Birth, (Street and Number) 925 N. Chapel st.

5. Full Name of Mother, Matilda Simble

6. Mother's Maiden Name, " "

7. Mother's Birthplace, Annapolis

8. Full Name of Father, Robert Henry

9. Father's Occupation Laborer

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Cordelia Jackson

Address, #1134 Chapel st.

Remarks, 1895000774

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] the full name and occupation of the parents, the date and place of birth and the sex (whether male or female) of every child born within the City of Baltimore, to the Registrar of Vital Statistics, Board of Health, Baltimore City, on the first and third Tuesday of each and every month, to the office of the Commissioner of Health, in the manner and form prescribed by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Physician, then the person who shall have been called upon to perform the duties of a midwifery, or should no other person be in attendance upon the mother, then it shall become the duty of the person or parents of such child to report the same to the Commissioner of Health, in the manner and form prescribed by the Commissioner of Health, in the manner and form prescribed in this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70381

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 5th

1. *Sex*, (*state whether male or female*) Male
2. *Race or Color*, (*if not of the white race*)
3. *Date of Birth*, Nov 28/95
4. *Place of Birth*, (*Street and Number*) 627 Spring Ave
5. *Full Name of Mother*, Lina Ruppert
6. *Mother's Maiden Name*, Gossmann
7. *Mother's Birthplace*, Baltimore
8. *Full Name of Father*, Wm Ruppert
9. *Father's Occupation* Broommaker
10. *Father's Birthplace*, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs L. Grow

Address, No. 1907 E. Monument St

Remarks,

1 0 9 5 0 0 0 7 7 2 5

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health, in case the birth of any child shall occur within the city limits, or to the nearest or most convenient office of the Board of Health, if the birth shall occur in attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall have failed to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70382

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Nov. 28th 1895
4. *Place of Birth, (Street and Number)* 912 N. Chapel St
5. *Full Name of Mother,* Harriet Bordley
6. *Mother's Maiden Name,* Harriet Wells
7. *Mother's Birthplace,* Balto. County
8. *Full Name of Father,* Alfred Bordley
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto. County

Name of Medical Attendant, or other person who makes this Return, Caroline Tucker

Address, 410 X

Remarks,

8950007726

been conferred) its sex, color, the full names and occupation of its parents, the date and place of birth and the name and address of the attendant, if any, and if there be no such attendant, then of the person who shall have been the first to see the child after its birth, in the form of a certificate, between the 3rd and 10th days of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period of time prescribed in the preceding section, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70383

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 28 1855
4. *Place of Birth, (Street and Number)* 18 Gorsuch avenue
5. *Full Name of Mother,* Alice A Georges
6. *Mother's Maiden Name,* Kemp
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* John L Georges
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, Young Wallace M.D.

Address, 227 Gorsuch Ave

Remarks,

1895000 7727

said selectmen shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person or parents of such child to report the same to the Commissioner of Health in the manner and within the period above specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70384

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colord
3. Date of Birth, Thanksgiving 28 - 1895
4. Place of Birth, (Street and Number) 606 Bradley street
5. Full Name of Mother, Mary W. Johnson
6. Mother's Maiden Name, dont know mothers first name
7. Mother's Birthplace, Born in snow hill
8. Full Name of Father, Milton Johnson
9. Father's Occupation White washer
10. Father's Birthplace, Born Fredrick

Name of Medical Attendant, or other person who makes this Return, Jane simms

Address, 640 Raborg street.

Remarks, The Pation was not able to answer any questions Please to excuse the over time

8 9 5 0 0 0 7 8

Wm. J. C. Dulany Co., City Printers and Stationers.

Any person who shall wilfully make a false return of a birth, or who shall neglect to make such return, or who shall neglect to make such return within the time prescribed in sec. 6, or who shall neglect to make such return in the form prescribed by the Commissioner of Health, in the manner and within the period above required, and shall omit to report, or shall report in a false manner, any of the particulars required to be reported, or who shall neglect to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Any person who shall hereafter fail to comply with the provisions of this section, or who shall knowingly make a false return of a birth, or who shall neglect to make such return within the time prescribed in sec. 6, or who shall neglect to make such return in the form prescribed by the Commissioner of Health, in the manner and within the period required, and shall omit to report, or shall report in a false manner, any of the particulars required to be reported, and shall neglect to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70385

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* Nov 28 1895
4. *Place of Birth, (Street and Number)* 333 hamburg st
5. *Full Name of Mother,* Maggie Kent
6. *Mother's Maiden Name,* Maggie raif
7. *Mother's Birthplace,* Calvert County Md
8. *Full Name of Father,* John G Kent
9. *Father's Occupation,* Coal
10. *Father's Birthplace,* Calvert County Md

Name of Medical Attendant, or other person who makes this Return, Milly Gross

Address, 423 hamburg street

Remarks,

1895 08 07 729

JNO. J. O SULLIVAN CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 70386

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color. (if not of the white race)* White
3. *Date of Birth.* Mar 28 90.
4. *Place of Birth, (Street and Number)* 705 Colvin Place
5. *Full Name of Mother,* Regina M. Ludwig.
6. *Mother's Maiden Name.* " " Henrich
7. *Mother's Birthplace.* Germany.
8. *Full Name of Father.* John W Ludwig.
9. *Father's Occupation.* Carriage Maker.
10. *Father's Birthplace,* Harford Co Md

Name of Medical Attendant, or other person who makes this Return, W B Reese MD

Address.

Remarks.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70387

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 1st d.

1. *Sex*, (*state whether male or female*)
2. *Race or Color*, (*if not of the white race*)
3. *Date of Birth*, Nov. 28. (2. A. M.)
4. *Place of Birth*, (*Street and Number*) 601 S. Charles street.
5. *Full Name of Mother*, Betty Krieger,
6. *Mother's Maiden Name*, Ferber,
7. *Mother's Birthplace*, Neumarkt near Krakau - Austria.
8. *Full Name of Father*, Herman Krieger,
9. *Father's Occupation* Merchant.
10. *Father's Birthplace*, Krakau - Austria.

Name of Medical Attendant, or other person who makes this Return, Mr. B. Kanne,

Address, 632 N. Fremont Ave.

Remarks,

1 8 9 5 0 0 0 1 7 3 1

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] the form of a certificate between the first and [illegible] Commissioner of Health. In case the birth of any child [illegible] other person be in [illegible] of the person or parents of such [illegible] and within the period above required, and [illegible] shall be [illegible] said schedule shall be delivered, duly signed by the practitioner in [illegible] the Commissioner of Health. In case the birth of any child shall occur without the aid of a physician or practitioner of midwifery, [illegible] other person be in attendance upon the mother, immediately thereafter, it shall become the duty of such [illegible] to report the birth to the Commissioner of Health in the manner and within the period above required, and [illegible] to comply with the provisions of this section, shall be [illegible] any such person or persons who shall neglect or fail to comply with the provisions of this section, shall be [illegible] jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70388

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Also living 9

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Born 28 November 190
4. *Place of Birth, (Street and Number)* Bodley cr 716
5. *Full Name of Mother,* Francisska Kazyminska
6. *Mother's Maiden Name,* Son
7. *Mother's Birthplace,* Poland
8. *Full Name of Father,* Martin Kazyminski
9. *Father's Occupation* Dockland
10. *Father's Birthplace,* Poland

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

1 8 7 5 0 0 7 7 3 2

Wm. J. C. Dulany Co., City Printers and Stationers.

Any physician who shall fail to report a birth, or any person who shall be delivered, duly signed by the practitioner in the form of a certificate between the first and tenth of each and every month to the office of the Commissioner of Health, or shall no other person be in attendance upon the mother, immediately after the birth, or shall neglect or refuse to report such birth, or shall occur without the attendance of a physician, or if shall become the duty of the person in attendance upon the mother, immediately after the birth, to report such birth, and shall neglect or refuse to report the same, or shall fail to comply with the requirements of this section, the person so offending, or any other persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70389

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 28
4. Place of Birth, (Street and Number) Lancaster Str. 1725
5. Full Name of Mother, Francis Studynsky
6. Mother's Maiden Name, Kratkowska
7. Mother's Birthplace, Pole
8. Full Name of Father, Paul Studynsky
9. Father's Occupation Tailor
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return

Address, South Bond Str. 838

Remarks. Mary Bell

1895 0007733

been correctly its sex, color, the full name and occupation of its parents, the date and place of birth, and the name and address of the practitioner in the form of a certificate herein provided, if any, and the said schedule shall be delivered, duly filled, to the office of the Commissioner of Health, or should no other person be in attendance, within the time prescribed by the ordinance of the City, to the person or parents of such child to report its birth to the Commissioner of Health, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above specified, and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70390

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) — 8 in

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, November 28 - 1875
4. Place of Birth, (Street and Number) 1113 Warner Street
5. Full Name of Mother, Lissie Riebeling
6. Mother's Maiden Name, Lissie Dipsell
7. Mother's Birthplace, Oberurff Circuit Friedlar Ger.
8. Full Name of Father, George Henry Riebeling
9. Father's Occupation, Wood Carver
10. Father's Birthplace, Neukirchen Circuit Siegenhain

Name of Medical Attendant, or other person who makes this Return, Katie L. Mothersang

Address, 800 Leadenhall Street.

Remarks,

1895 0007734

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate herein [illegible] shall occur between the hours of 8 o'clock A. M. and 8 o'clock P. M. shall be given to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, the person or persons who shall have charge of the person or parents of such child to report its birth to the Commissioner immediately thereafter. It shall be the duty of the person or parents of such child and such person or persons who shall have charge of the person or parents of such child to comply with the provisions of this section when required, and subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70391

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth,* Nov 29
4. *Place of Birth, (Street and Number)* 839 Ramsey Street
5. *Full Name of Mother,* Maggie Stein
6. *Mother's Maiden Name,* Donaldson
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James Stein
9. *Father's Occupation* Machinist
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Mary Murryer

Address, 1112 Scott St

Remarks,

1 0 9 5 0 0 0 7 7 3 5

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the said attendant shall have delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, the duty of the person or parents of such child to report the birth shall hereafter become the duty of the person or parents of such attendance upon the mother. Commissioner of Health, in the manner and within the period above required, and only such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70392

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Nov 29 - 95
4. *Place of Birth, (Street and Number)* 1909 E Biddle
5. *Full Name of Mother,* Sophia E Wiseman
6. *Mother's Maiden Name,* " Busch
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Joseph H. Wiseman
9. *Father's Occupation* Moulder
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Mrs Mary A Allwell

Address, 1432 N Bond St

Remarks,

1 8 9 5 0 0 0 7 7 3 6

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in case the birth of any child shall occur within the said period, or should no other person be in attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70393

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (slate whether 1st, 2d, 3d, &c.) 9

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* March 29
4. *Place of Birth, (Street and Number)* 203 West st
5. *Full Name of Mother,* Elizabeth Lehman
6. *Mother's Maiden Name,* Barwick
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Frederic Lehman
9. *Father's Occupation,* Engineman
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Christopher Hüner

Address, 500 Leadenhall Street

Remarks,

1 8 9 5 0 0 0 7 7 3 7

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 70394

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex (state whether male or female), Male

2. Race or Color (if not of the white race),

3. Date of Birth, Nov 29 '95

4. Place of Birth (Street and Number), 1819 N. Charles St.

5. Full Name of Mother, Fanny Gillet

6. Mother's Maiden Name, Koons

7. Mother's Birthplace, Balt.

8. Full Name of Father, Geo. M. Gillet

9. Father's Occupation, Merchant

10. Father's Birthplace, Balt.

Name of Medical Attendant, or other person who makes this Return. H. M. Wilson

Address, 1008 Madison Ave

Remarks,

1895 0007738

shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur with the attendance of a physician or midwifery, or should no other person be within the city to report its birth to the Commissioner of Health, in the manner and within the period above prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers

RETURN OF A BIRTH. 70395

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th (3 miscarriages also)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 29 1895
4. *Place of Birth, (Street and Number)* 2013 Preston St
5. *Full Name of Mother,* Martha M. Dixon
6. *Mother's Maiden Name,* Martha M. Jenkins
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John A. Dixon
9. *Father's Occupation,* Bricksetter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Albert S. Atkinson M.D.

Address, 1031 N. Caroline St

Remarks, Seventh month delivery. Child viable. No known cause for miscarriage. 07739

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, in the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of healing, or shall be attended by no other person than the mother, immediately thereafter it shall become the duty of the person or persons present at such child-birth, or the mother, to give notice thereof to or comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70396

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* November 29, 1890.
4. *Place of Birth, (Street and Number)* 2612 Boston St.
5. *Full Name of Mother,* Agusta O'Keeffe
6. *Mother's Maiden Name,* Walsager
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Edward O'Keeffe
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Sarah C. Harrington.

Address, 924 Binney St

Remarks.

1895000774 0

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, the person or persons in attendance shall become the duty for the period above required, and shall forthwith report to the Commissioner of Health, in the manner and with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70397

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First
1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 29
4. Place of Birth, (Street and Number) 778 McHenry
5. Full Name of Mother, Lula Webster
6. Mother's Maiden Name, Lula Reitz
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Harry Webster
9. Father's Occupation Driver
10. Father's Birthplace, Balto Md
Name of Medical Attendant, or other person who makes this Return, Joseph Blum
Address, 1102 Columbia Av
Remarks,

1 8 9 5 0 0 0 7 7 4 1

child, its sex, color, the full name and occupation of its parents, the date and place of birth: and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED - 6/12/98

RETURN OF A BIRTH. 70378

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: JOHN RUSSELL BELL

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Nov 29 95
4. *Place of Birth, (Street and Number)* 207 N. Central ave
5. *Full Name of Mother,* Maggie Bell
6. *Mother's Maiden Name,* Maggie Bell
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Roseberry
9. *Father's Occupation* Cooper
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return Wolff E Eisenberg MD

Address, N. E Cor Paul & Wolfe sts

Remarks,

1 0 9 5 0 0 0 7 7 4 2

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate herein, to the Registrar of Vital Statistics within the first twenty-four hours after the birth, if a house in which a birth shall occur be within a city or town where there is a resident registrar of births, or should no other person be in attendance upon the birth, to the Commissioner of Health, in the manner and within the time prescribed and shall be signed by such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70399

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Helen Marie Carr

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 29th 1895
4. Place of Birth, (Street and Number) 48 S Fulton ave
5. Full Name of Mother, Bertie Carr
6. Mother's Maiden Name, " Bast
7. Mother's Birthplace, Baltimore
8. Full Name of Father, A Ross Carr
9. Father's Occupation machinist
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Leo R Lahaw

Address, 725 Columbia ave

Remarks, GIVEN NAME ADDED. 5-27-52

1895007743

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70400

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 9th

1. *Sex,* (*state whether male or female*) Female
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth,* Nov 29
4. *Place of Birth,* (*Street and Number*) McDowell & Pine Walbrook
5. *Full Name of Mother,* Ann Marie Dority
6. *Mother's Maiden Name,* Mary Alice Foster
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Oliver Hunter
9. *Father's Occupation,* Foreman
10. *Father's Birthplace,* Eastern Maryland

Name of Medical Attendant, or other person who makes this Return. Wm Jas Hunter M.D.

Address, 2069 Lanvale st

Remarks,

8950007744

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in case he or she shall have been in attendance at the birth of any child, or if no such attendance, then the midwife or practitioner of midwifery, or should no other person be in attendance, then the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be and shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70401

GIVEN NAME ADDED 3/13/62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Paul Leonard Eisinger

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 29th 1895
4. Place of Birth, (Street and Number) 303. 11th St
5. Full Name of Mother, Carrie Eisinger
6. Mother's Maiden Name, " Witzel
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Leonard F. Eisinger
9. Father's Occupation Boot & Shoe maker
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, R. G. Rankin MD

Address, 811 Jefferson ave Waverly City

Remarks,

8950007745

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] name and occupation of the parents, the date and place of birth; and the [illegible] sex, color, etc., duly signed by the officiating practitioner in the form of a certificate between the parents of the child [illegible] Commissioner, midwifery, or should no other person be in [illegible] month to the office or practitioner shall become the duty of the person or parents of such [illegible] attendance of a practitioner, to the manner and provisions of this section shall be subject [illegible] shall occur without the mother, immediately to comply with the provisions of this section, shall be subject [illegible] attendance report its birth to the office of Vital Statistics within the period above required, such [illegible] shall be recovered as other fines and forfeitures are recoverable, [illegible] such person or persons who shall hereafter, to be recovered as other fines and forfeitures are recoverable, [illegible] jected to the fine of ten (10) dollars for each offence, to be recovered as aforesaid.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the such child shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, the mother or, in her absence, the person in charge of the house in which such birth shall occur shall become the duty of the person or parents of such child to report in like manner to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70402

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d, 3d, &c.~~) ~~Virginia~~ Parry Wright

1. Sex, (~~state whether male or female~~)
2. Race or Color. (~~If not of the white race~~)
3. Date of Birth, November 29th, 1895.
4. Place of Birth, (Street and Number) ~~4~~ 2938 York Road
5. Full Name of Mother, Emma Elizabeth Wright
6. Mother's Maiden Name, Lauthieim
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Wm. T. Wright
9. Father's Occupation Book-keeper
10. Father's Birthplace, Richmond Co., Va.

Name of Medical Attendant, or other person who makes this Return, Elias C. Price, M.D.

Address, 1012 Madison Ave

Remarks, [illegible] ADDED 2-19-53

8950007746

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70403

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* Color

3. *Date of Birth,* November 29, 1875

4. *Place of Birth, (Street and Number)* 526 Elbow lane

5. *Full Name of Mother,* Mary E Johnson

6. *Mother's Maiden Name,* Mary E Tubman

7. *Mother's Birthplace,* Baltimore Maryland

8. *Full Name of Father,* William Johnson

9. *Father's Occupation* Waiter

10. *Father's Birthplace,* Chestertown Kent Co

Name of Medical Attendant, or other person who makes this Return, Charlotte Williams

Address, 910 Leadenhall st

Remarks, Baltimore

8950007747

... the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) his sex, color, the full name and occupation of his parents, the date and place of birth; and the said schedule shall be delivered, duly signed, by the attendant, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. Upon the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person fail to give notice upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health. Any violation of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70404

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* November 29.
4. *Place of Birth, (Street and Number)* 1214 Ohio ave
5. *Full Name of Mother,* Ida M Weir
6. *Mother's Maiden Name,* Ebler
7. *Mother's Birthplace,* Douglaston L I
8. *Full Name of Father,* Henry Ebler
9. *Father's Occupation* Baker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Baggs

Address, 714 Cross St Balto Md

Remarks.

1 8 9 5 0 0 0 7 7 4 8

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred; its sex, color; the full name and occupation of its parents, the date and place of birth; and the number of children born to the mother, on forms of certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case no birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, the mother herself, in all instances, shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70405

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* November 29, 1895.
4. *Place of Birth, (Street and Number)* 2729 Penna ave.
5. *Full Name of Mother,* Annie Laura Gallagher.
6. *Mother's Maiden Name,* Appel.
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* Joseph Hugh Gallagher.
9. *Father's Occupation* Cotton Mill operative.
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks,

8950007749

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 70406

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* November 29 95
4. *Place of Birth, (Street and Number)* 1535 E Madison Street
5. *Full Name of Mother,* Kate Brand
6. *Mother's Maiden Name,* Kate Carew
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Robert Brand
9. *Father's Occupation* Night Clerk
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return. Geo W Dobbin M.D.

Address. The Johns Hopkins Hospital.

Remarks,

8950007750

Such schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or in case the person who shall be in charge of such attendance within the time specified shall fail to report such birth, the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70407

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1

1. Sex (state whether Male or Female) Female

2. Race or Color (if not of the white race) White

3. Date of Birth Nov 29, 98

4. Place of Birth (Street and Number) 1510 Argyle Ave

5. Full Name of Mother Maggie Murray Gillooly

6. Mother's Maiden Name " "

7. Mother's Birthplace Ireland

8. Full Name of Father Thos. Gillooly

9. Father's Occupation Labr.

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. J. D. Gilchrist

Address 1214 Eutaw Ave

Remarks

1 8 9 5 0 0 0 7 7 5 1

above at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 70408

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 5

1. *Sex (state whether Male or Female)* Female
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Nov 29, 95
4. *Place of Birth (Street and Number)* Olin & Cathedral
5. *Full Name of Mother* Mrs Bridie
6. *Mother's Maiden Name* Miss Donnahan
7. *Mother's Birthplace* Ireland
8. *Full Name of Father* Bridie
9. *Father's Occupation* Coatmaker
10. *Father's Birthplace* Ireland

Name of Medical Attendant, or other Person who makes this Return. J. D. Lightner

Address 1214 Eutaw ave

Remarks

1 8 9 5 0 0 0 7 7 5 2

ative at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 70409

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.)~~

1. Sex, (state whether male ~~or female)~~

2. Race or Color, (if not of the white race)

3. Date of Birth, November 29-1895

4. Place of Birth, (Street and Number) 230 S. Broadway

5. Full Name of Mother, Goldie Davidson

6. Mother's Maiden Name, " Rosenblatt

7. Mother's Birthplace, Germany

8. Full Name of Father, Sol Davidson

9. Father's Occupation Merchant

10. Father's Birthplace, Germany

Name of Medical Attendant, or ~~other person who makes this Return.~~ Geo. T. Taylor M.D

Address, 1254 N. Broadway

Remarks,

8950007753

as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70410

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Nov 29 1895
4. *Place of Birth, (Street and Number)* 850 S. Eutaw St
5. *Full Name of Mother,* Ida Fischer
6. *Mother's Maiden Name,* Fern
7. *Mother's Birthplace,* Prussland
8. *Full Name of Father,* Henry Fischer
9. *Father's Occupation,* Schermacher
10. *Father's Birthplace,* Prussland

Name of Medical Attendant, or other person who makes this Return, Lottie Williams

Address, 820 Sandenwall Street

Remarks,

8 9 5 0 0 0 7 7 5 4

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, the duty of making the return shall devolve upon the attendant upon the mother, immediately after the birth, or other person in charge, who shall be required to give notice to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall herein fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70411

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 29 Oct 1895
4. Place of Birth, (Street and Number) 160 E Pratt St.
5. Full Name of Mother, Sarah Silber
6. Mother's Maiden Name, Safa
7. Mother's Birthplace, Russia
8. Full Name of Father, Jacob Silber
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. Scherman

Address, 72 allen ave

Remarks,

8950007755

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be duly signed by the medical attendant or other person who shall have been present at the birth of any child, and shall be delivered every month to the office of the Commissioner of Health. The said schedule shall be in the form of a certificate for the birth of any child shall occur when the mother, immediately after the birth of the child, should no other person be in attendance, the said certificate may be signed by the person or parents of such child, and shall be delivered every month to the Commissioner of Health, in manner and within the period aforesaid, and shall to report its birth to the Commissioner of Health, in manner and within the period aforesaid, and shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other dues and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70412

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, November 29, 1895.
4. Place of Birth, (Street and Number) 432 W. 232 St.
5. Full Name of Mother, Mary C. Sheffer.
6. Mother's Maiden Name, Bellman.
7. Mother's Birthplace, Pa.
8. Full Name of Father, Theodore Sheffer.
9. Father's Occupation Railroader.
10. Father's Birthplace, Pa.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks.

6 9 5 0 0 0 7 7 5 6

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the name and residence of the person who delivered, duly signed by the practitioner in the form of a certificate between the first and fifth days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or regularly qualified midwife, or should no other person be willing to report it, then the person in charge of such child is hereby required to report such birth, and shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth and the full name of the attending physician or midwife, if any, and shall be signed by the practitioner in the form of a certificate to be given to the father of such child, and said schedule shall be delivered, duly filled and signed, by the father or mother of such child, or should the birth of any child occur without the attendance of a physician or practitioner, it shall become the duty of the person or parents in whose family such birth shall occur, within ten days after such birth, to report the same in writing to the office of the Commissioner of Health, in the manner and within the time prescribed by this section; and any such person or parents who shall neglect or refuse to report such birth, or who shall report the birth of any child to report its birth to the Commissioner of Health, in the manner and within the time prescribed by this section, shall be guilty of a misdemeanor, and shall be punished by a fine not exceeding five dollars for each offence, and shall be liable to any such person or parents who shall neglect or refuse to report such birth, or who shall report the birth of any child to report its birth to the Commissioner of Health, in the manner and within the time prescribed by this section, shall be guilty of a misdemeanor, and shall be punished by a fine not exceeding five dollars for each offence, to be recovered as other fines and forfeitures are recovered.

GIVEN NAME ADDED 3-25-66 RETURN OF A BIRTH. 70413

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name Ernest Bernard Streeter Jr

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 29th, 1895
4. Place of Birth, (Street and Number) New York road & Chestnut Hill Pa
5. Full Name of Mother, Clarinda S. Streeter
6. Mother's Maiden Name, Maria S. Lockamy
7. Mother's Birthplace, Raleigh N. C
8. Full Name of Father, Chas. M. Streeter
9. Father's Occupation Car Dispatcher
10. Father's Birthplace, Goldsboro N. C

Name of Medical Attendant, or other person who makes this Return. Geo J Wise M D

Address, 904 Lafayette Ave Gla

Remarks,

1 8 9 5 0 0 0 7 7 5 7

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70414

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Nov 29
4. *Place of Birth, (Street and Number)* 328 Henrietta St
5. *Full Name of Mother,* Sarah Gant
6. *Mother's Maiden Name,* Stepter
7. *Mother's Birthplace.* Va
8. *Full Name of Father,* John Gant
9. *Father's Occupation,* Steedore
10. *Father's Birthplace,* Va

Name of Medical Attendant, or other person who makes this Return, Hannah Hatchett

Address, 609 Campbell st

Remarks,

8 9 5 0 0 0 7 7 5 8

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70415

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth,* Nov 30
4. *Place of Birth, (Street and Number)* 845 Lemmon St
5. *Full Name of Mother,* Katie Mohl
6. *Mother's Maiden Name,* " Kirby
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Mohl
9. *Father's Occupation* Barber
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Mary Youngson

Address, 412 North St

Remarks,

8 9 5 0 0 0 7 7 5 9

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and tiled day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, or should the attendant fail to report the birth of any such child, the person or persons in whose family or house any such child is born, shall within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70416

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. Sex, (state whether male or female) Girl.
2. Race or Color, (if not of the white race) white.
3. Date of Birth, 30. November.
4. Place of Birth, (Street and Number) N 2527 Fairette Street
5. Full Name of Mother, Kunigunde Dörfler
6. Mother's Maiden Name, Kuni Brasch.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Heinrich Dörfler.
9. Father's Occupation Tailor.
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return. Mary E. Cost.

Address, N. 9. Ridge Street.

Remarks,

6950007760

month, and shall set forth as far as the same can be ascertained, the full name or each child, if any, and have conferred) his so delivered, duly to the office of the Commissioner of Health. In case of the birth of any child, such schedule shall and every midwife or physician, in the manner and within the period required, and third day, or without the other, immediately to the Commissioner of Health, comply with the provisions of the preceding section shall be obliged shall cause upon the birth of any child hereafter delivered, to be recovered as other fines and forfeitures are recoverable. child to report to the Commissioner of Health, in the form of a certificate, the date and place of birth, and the any such Return, or persons who shall neglect or refuse to make such Return, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 70417

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Chi[illegible]ther, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female
2. *[illegible]ce or Color, (if not of the white race)* White.
3. *[illegible] of Birth,* November 30th
4. *Place of Birth, (Street and Number)* 422 W. West [illegible]
5. *Full Name of Mother,* Eva Demme
6. *Mother's Maiden Name,* Eva Emmerich
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Wm Demme
9. *Father's Occupation* Polisher
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Bange.

Address. 711 S. Cross St. Balto Md.

Remarks,

8 9 5 0 0 0 7 7 6 1

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] month [illegible] conferred) his sex, color, the full name and occupation of its parents, the date and place of birth, and the [illegible] such certificate shall be delivered duly signed by the practitioner or midwife, or, in case the birth of any child shall occur without the attendance of a practitioner or midwife, it shall become the duty of the person in charge of such [illegible] every month to the office of the Commissioner of Health, a full and correct return of such birth, [illegible] attendance upon the mother, immediately preceding the birth, and within the period above prescribed, and [illegible] child, for each such birth, to the Commissioner of Health, it shall become the duty of the person so to other person be in any such place to make such return, who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70418

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 30th
4. Place of Birth, (Street and Number) 1249 Riverside Ave
5. Full Name of Mother, Clara May Conway
6. Mother's Maiden Name, Clara May Farrar
7. Mother's Birthplace, Balto. Md
8. Full Name of Father, Walter Conway
9. Father's Occupation, Machinist
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Geo. Lambert

Address, Mother an baby O. Will

Remarks, Convalescent 31

895007762

Said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance who shall be qualified by hereafter 11 shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above stated, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70419

GIVEN NAME ADDED 4-11-57

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) August Peter Berge

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Nov 22 '95
4. Place of Birth, (Street and Number) 1207 St. James St
5. Full Name of Mother. Kate Berge
6. Mother's Maiden Name, Wagner
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Louis J. Berge
9. Father's Occupation Salzing Kellner
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Caroline Mueller

Address, 1605 Walker St.

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

8950007763

RETURN OF A BIRTH 70420

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th child

1. *Sex, (State whether male or female)* Female
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* November 30 1895
4. *Place of Birth, (Street and Number)* Warner 930
5. *Full Name of Mother,* Lizzie Stark
6. *Mother's Maiden Name,* Lizzie Stamer MD
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles W Stark
9. *Father's Occupation,* Coiner
10. *Father's Birthplace,* Baltimore MD

Name of Medical Attendant, or other person who makes this Return. Florenda D Thater

Address, 932 Warner St

Remarks,

8 9 5 0 0 0 7 7 6 4

J. C. FULANY & CO., CITY PRINTERS AND STATIONERS

GIVEN NAME ADDED 8-22-57

RETURN OF A BIRTH. 71421

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 30th 95
4. *Place of Birth, (Street and Number)* 1111 W. Saratoga St
5. *Full Name of Mother,* Ella Chalmers
6. *Mother's Maiden Name,* Ella Stewart
7. *Mother's Birthplace,* Richmond Va.
8. *Full Name of Father,* John Chalmers
9. *Father's Occupation* Painter
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. Minnie Graf

Address, 206 W. Schroder St

Remarks.

8450307765

Sec. 1st. Every child born in this city, shall have the sex, color, and name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly filled by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should no person other person be in attendance at such birth, to the Commissioner of Health, in the manner and within the period above required, such child to report its birth to the Commissioner of Health, in the manner and within the period above required, such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered, as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70422

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. *Sex, (state whether male or female)* Girl.
2. *Race or Color, (if not of the white race)* white.
3. *Date of Birth,* 30. November.
4. *Place of Birth, (Street and Number)* N 229. Wolfe. Street.
5. *Full Name of Mother,* Kata. Inglart.
6. *Mother's Maiden Name,* Kata. Grent.
7. *Mother's Birthplace,* Elgin. Scotland.
8. *Full Name of Father,* Philipp Inglart.
9. *Father's Occupation* Unterdecker.
10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other person who makes this Return, Mary Kloss.

Address, N 9. Wolfe Street.

Remarks,

8950007766

mouth, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70423

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Nov 30 - 95
4. *Place of Birth, (Street and Number)* 1524 N Washington
5. *Full Name of Mother,* Barbara Stine
6. *Mother's Maiden Name,* " " Butterhof
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* John Stine
9. *Father's Occupation* Clothing Cutter
10. *Father's Birthplace,* Phila Pa

Name of Medical Attendant, or other person who makes this Return, Mrs Mary A. Atwell

Address, 1438 N. Bond St

Remarks,

1 8 9 5 0 0 0 7 7 6 7

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health in the manner and within the period of time aforesaid, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70424

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* M
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Nov 30 - 98
4. *Place of Birth, (Street and Number)* 1133 Harlem ave
5. *Full Name of Mother,* Eunice Shew
6. *Mother's Maiden Name,* " Brent
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Henry G Shew
9. *Father's Occupation* Tailor age
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, J. M. Hundley

Address, 1002 Gd ave

Remarks,

8950007768

Section 1. That hereafter the name of each child, if any shall have been offered, the sex, color, the full name and occupation of its parents, the date and place of birth; and the hour of birth, if any, shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a practitioner of medicine, midwifery, or should no other person be in attendance upon the birth to the Commissioner of Health, in the manner and within the period above required, and shall forward a copy of the same to the Registrar of Vital Statistics, and for the purpose of this section, the term "Person" as used in this section shall be construed to include any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70425

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* November 30 1895
4. *Place of Birth, (Street and Number)* 622 Eastern Street
5. *Full Name of Mother,* Cattie Washington
6. *Mother's Maiden Name,* Cattie Watters
7. *Mother's Birthplace,* South River Anarand Co
8. *Full Name of Father,* Milan Washington
9. *Father's Occupation* Laboring
10. *Father's Birthplace,* West River

Name of Medical Attendant, or other person who makes this Return, Mrs Mary James

Address, 1121 West Saratoga Street

Remarks,

8950007769

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the name of the attendant, if any, and shall forward a certificate thereof, in the form prescribed by the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate herein, to the registrar of vital statistics, within twenty-four hours after the birth. In case the birth of any child shall occur without the aid of a physician or other commissioner of health, or should no other person be in attendance, it shall be the duty of the mother, immediately thereafter, to comply with the provisions of this section, and in default thereof, and upon the neglect of any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70426

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 612 N. Arlington ave
4. *Place of Birth, (Street and Number)* Nov 3rd 1895
5. *Full Name of Mother,* Catherine Weaver
6. *Mother's Maiden Name,* Carson
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* William D Weaver
9. *Father's Occupation* Salesman
10. *Father's Birthplace.* Maryland

Name of Medical Attendant, or other person who makes this Return. J Harvey Hall Md

Address. 807 N Arlington ave

Remarks,

8 9 5 0 0 0 7 7 7 0

Wm. J. C. Dulany Co., City Printers and Stationers

[illegible] set, color, [illegible] full name and occupation of its parents, the date and place of birth and the [illegible] of the Commissioner of Health. In case the birth of any child [illegible] said schedule shall be delivered, duly signed by the practitioner, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above prescribed, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

70427

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1st, 2d, 3d, &c.) Third

1. *Sex,* (*state whether male or female*) Female

2. *Race or Color,* (*if not of the white race*)

3. *Date of Birth,* 30th Nov

4. *Place of Birth,* (*Street and Number*) 1030, Hollins st

5. *Full Name of Mother,* Annie, Margie, Houseman

6. *Mother's Maiden Name,* Annie, Margie, Butler

7. *Mother's Birthplace,* Washington. Co. Penn,

8. *Full Name of Father,* Julian Houseman

9. *Father's Occupation,* Granite Cutter

10. *Father's Birthplace,* Richmond. Va.

Name of Medical Attendant, or other person who makes this Return, Mrs. O'Hayer

Address, 924 924 Hollins St

Remarks,

8950000777

name of each child, (if any shall have
been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub-
jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 70428

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 1895

1\. *Sex, (state whether male or female)* female

2\. *Race or Color, (if not of the white race)* Colord

3\. *Date of Birth,* Nov 30th 1895

4\. *Place of Birth, (Street and Number)* Birth woodyear St [illegible] 110 E

5\. *Full Name of Mother,* Pinky Johnson

6\. *Mother's Maiden Name,* Pinkey Johnson

7\. *Mother's Birthplace,* Essex County Va

8\. *Full Name of Father,* Harry Johnson

9\. *Father's Occupation,* Express wagon

10\. *Father's Birthplace,* Essex County Va

Name of Medical Attendant, or other person who makes this Return, Moriah Wilson

Address, No. 115 Carlton St. Balto. md

Remarks,

8950007772

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 70429

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* November 30
4. *Place of Birth, (Street and Number)* Wall Str. 916
5. *Full Name of Mother,* Mary Novacky
6. *Mother's Maiden Name,* Zachas
7. *Mother's Birthplace,* Pole
8. *Full Name of Father,* Wincelslao Novacky
9. *Father's Occupation* Work-man
10. *Father's Birthplace,* Pole

Name of Medical Attendant, or other person who makes this Return,

Address, South Bond Str. 838

Remarks, Mary Brett.

1 8 9 5 0 0 0 7 7 7 3

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth after as the same can be ascertained the full name of each child, if any shall have been born alive, the sex, color, date of birth, place of birth, full name of mother, and full name of father on the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, the mother, if able, shall cause the birth of such child to be reported, in the manner and within the period above prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70430

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, November 30th 1895.
4. Place of Birth, (Street and Number) 23 - W - Mt Royall Ave.
5. Full Name of Mother, Florence Louise Hewes McCay.
6. Mother's Maiden Name, Florence Louise Hewes.
7. Mother's Birthplace, Westchester — Pa.
8. Full Name of Father, H Kent McCay.
9. Father's Occupation. Electrical Engineer.
10. Father's Birthplace, Augusta — Ga.

Name of Medical Attendant, or other person who makes this Return. Robt V. Wilson M.D.

Address, 814 & 820 Park Ave.

Remarks,

6 7 5 0 0 0 7 7 7 4

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health; and if any such child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon such birth, then and in such case it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 70 431

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 30 95
4. Place of Birth, (Street and Number) 736 So Stan St.
5. Full Name of Mother, Annie Miller
6. Mother's Maiden Name, Bierman
7. Mother's Birthplace, Germany
8. Full Name of Father, Wm Miller
9. Father's Occupation Tailor
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, J H Robinson M.D.

Address, 1 McE. Preston St.

Remarks,

1 8 9 5 0 0 0 7 7 7 5

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born since the last return, the name and occupation of its parents, the date and place of birth; and the sex of each child shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of any person having charge of such child to report the birth, and the sex of such child, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70432

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 30 November
4. Place of Birth, (Street and Number) 1174 Cookson st
5. Full Name of Mother, Anna Gahrband
6. Mother's Maiden Name, " Reiss
7. Mother's Birthplace, Germany
8. Full Name of Father, Julius Gahrband
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Rolf. Mufson

Address, 1331 Lower Locust Point

Remarks,

8 9 5 0 0 0 7 7 7 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70433

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 30 7
4. Place of Birth, (Street and Number) 512 S. Fremont Ave
5. Full Name of Mother, Kate Engelman
6. Mother's Maiden Name, Kate Jackman
7. Mother's Birthplace, Germany
8. Full Name of Father, Lucis F. Engelman
9. Father's Occupation Restaurateur
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Joseph Blum

Address, 64 Fremont Ave

Remarks,

1.8450007777

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] month, and shall set forth as far as the same can be ascertained the full name of each child (if any shall have been born living) and the sex, color, the full name and occupation of the parents, the date and place of birth, and the full day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the person or persons in attendance upon the mother, immediately after such birth, shall report to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 3-31-66

RETURN OF A BIRTH

71434

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Joseph Walter Warner, 21

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth. Nov 30th, 1895
4. Place of Birth, (Street and Number) 213 N Wolfe st.
5. Full Name of Mother, Elizabeth M Warner
6. Mother's Maiden Name, E. M. Kimmelman
7. Mother's Birthplace, Balti City
8. Full Name of Father, Albert E. Warner
9. Father's Occupation, Engineer
10. Father's Birthplace, Harford Co, Md

Name of Medical Attendant, or other person who makes this Return. Chas B. Lyle M.D.

Address, 920 S Broadway

Remarks, 1 8 9 5 0 0 0 7 7 7 8

RETURN OF A BIRTH. 70435

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 1 Nov 1893
4. *Place of Birth, (Street and Number)* 131 Harrison St.
5. *Full Name of Mother,* Ida Levitsky
6. *Mother's Maiden Name,* Elliott
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Israel Levitsky
9. *Father's Occupation* Tailor Presser
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, E. Sherman

Address, 72 Albemarle St

Remarks,

8950007779

month, and shall set forth as far as the same can be ascertained, the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth and live and stillbirths, and shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month to the office of the Commissioner of Health, or to such other person as shall be appointed to receive the same. In case the birth of any child shall occur without the attendance of a physician or practitioner, or midwife, it shall be the duty of the person in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons, and any such report of a birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70436

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 1st 1895
4. Place of Birth, (Street and Number) 915 E. Lombard
5. Full Name of Mother, Mollie Cohen
6. Mother's Maiden Name, Mollie Krasberg
7. Mother's Birthplace, Germany
8. Full Name of Father, Louis Cohen
9. Father's Occupation Clerk
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Joseph Blum

Address, 641 E. Lombard St.

Remarks,

8950007780

month, and shall set forth such facts as the same can be ascertained, the full name of each child (if any shall have been born), the sex, the date and place of birth, and the name and occupation of his parents, the date and place of birth, and the name and residence of the attendant or person who shall have delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the birth, to the Commissioner of Health, in the manner and within the period above required, and shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report in writing to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70437

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 24 1895
4. Place of Birth, (Street and Number) Sharon st 1627
5. Full Name of Mother, Annie Kourki
6. Mother's Maiden Name, Bohaimer
7. Mother's Birthplace, Albert Kourki
8. Full Name of Father, Laborer
9. Father's Occupation Bohaimer
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return Mary Kopitia

Address, N Washington st 205

Remarks,

1 8 9 5 0 0 7 7 8 1

Wm. J. C. Dulany Co., City Printers and Stationers.

Sec. 1. Be it enacted by the General Assembly of Maryland, that hereafter in the City of Baltimore, the name and place of birth, and the sex, color, the full name and occupation of the parents, of every child born within said City shall be delivered, duly signed by the practitioner in charge, or certificate between the first and third day of each and every month to the office of Commissioner of Health. In case the birth of any child shall occur without the attendance of a regular practitioner of midwifery, or should no other person be in attendance upon the birth, the mother or nurse shall within the period above required, and upon report, furnish to the Commissioner of Health, under oath, the particulars of such birth, and any such person or persons who shall hereafter neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and the 10th day of each month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall be the duty of the person or persons of the family of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70438

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Mulat
3. *Date of Birth,* 4 Apr 1895
4. *Place of Birth, (Street and Number)* 837 E Lombard St
5. *Full Name of Mother,* Sophia Pezinger
6. *Mother's Maiden Name,* Sax
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Louis Pezinger
9. *Father's Occupation* Peddler
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. E Kherman

Address, 42 Aisemark St.

Remarks,

Filed - 1895

6450077782

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 70439

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 te Kind

1. Sex, (state whether male or female) Male Madchen
2. Race or Color, (if not of the white race) white race
3. Date of Birth, 5 Nov. 1895
4. Place of Birth, (Street and Number) 1108 E Pratt St
5. Full Name of Mother, Emma Fime
6. Mother's Maiden Name, Emma Segel
7. Mother's Birthplace, Europa
8. Full Name of Father, Myer Segel
9. Father's Occupation, Jedder
10. Father's Birthplace, Europa

Name of Medical Attendant, or other person who makes this Return. Lisa Wagenheim

Address, 1107 E Pratt St

Remarks,

8 9 5 0 0 9 7 7 8 3

Wm. J. C. Dulany Co., City Printers and Stationers.

Sec. 10. Every child born in this city shall be reported to the Board of Health, by the attending physician or midwife, or by the person or persons in charge of such child, within twenty-four hours after birth, under penalty of twenty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70440

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White race
3. Date of Birth, Nov 5 1895
4. Place of Birth, (Street and Number) No 563 Fulton st
5. Full Name of Mother, Anna Gumpman
6. Mother's Maiden Name, Anna Schaffe
7. Mother's Birthplace, in Baltimore
8. Full Name of Father, John Gumpman
9. Father's Occupation, a Grocer
10. Father's Birthplace, in Baltimore

Name of Medical Attendant, or other person who makes this Return. Theresa Gell

Address, Midwif

Remarks,

1 8 9 5 0 0 0 7 7 8 4

been entered its sex, color, the full name and occupation of its parents, the date and place of birth; and the attending physician or midwife shall, within twenty-four hours after the birth, deliver to the parent or other person having charge of such child a certificate of the birth, in the form of a certificate to be furnished by the Commissioner of Health, or should no other person be in attendance, the midwife shall deliver such certificate to the parent or other person having charge of such child. Such certificate shall be delivered, duly signed, to the Commissioner of Health, or should no other person be in attendance, the midwife shall deliver such certificate to the parent or other person having charge of such child every month to a physician or midwife, or should no other person be in attendance, the midwife shall deliver such certificate to the parent or other person having charge of such child. If a child shall become still-born, or shall die within twenty-four hours after birth, the attendant immediately thereafter shall, in the manner provided by this section, deliver a certificate of such death, and within the period of this section shall be subject to the same penalties for such neglect as for the neglect to deliver a certificate of birth. In the case of twins, triplets, or more children, the attendant shall deliver a certificate for each child. Any such attendant who shall neglect or refuse to perform the duties required by this section shall be subject to the same penalties and forfeitures as are recoverable. Any such person who shall neglect or refuse to make such report to the Commissioner of Health, in the manner provided by this section, shall be subject to a fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. A. G. BULLADY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 70441

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 6. 95
4. Place of Birth, (Street and Number) 206 Camden Lane
5. Full Name of Mother, Laura Hoernlein
6. Mother's Maiden Name, " Einloft
7. Mother's Birthplace, Germany
8. Full Name of Father, Gustavus F. Hoerlein
9. Father's Occupation, Saloon-keeper
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, C. L. Bodenstein

Address, 418 S. Paca St.

Remarks,

8950007785

Section 1. Be it enacted by the General Assembly of Maryland, that the sex, color, the full name and occupation of the parents, the date and place of birth, and the name of each child born in the City of Baltimore shall be reported by the practitioner in the form of a certificate between the first and third day of each and every month to the clerk of the commissioner of health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall be the duty of the person or persons in charge of such child to report its birth, immediately thereafter it shall become the duty of the person or persons in charge of such child to report its birth to the commissioner of health, in the manner and within the period allowed by this section, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70442

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 6th 95
4. Place of Birth, (Street and Number) 622 S. Charles St
5. Full Name of Mother, Lena Abell
6. Mother's Maiden Name, Lena Dilver
7. Mother's Birthplace, Germany
8. Full Name of Father, Isaac Abell
9. Father's Occupation, Merchant
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Joseph Blum M.D.

Address, 0 N. Columbus Ave

Remarks,

8 4 5 0 0 0 7 7 8 6

Wm J. C. Dulany Co., City Printers and Stationers.

been correct) its sex, color, the full name and occupation of its parents, the date and place of birth; and the same shall be delivered, by the practitioner in the form of a certificate between the first and third days of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately before and after the birth, shall be deemed a sufficient report; and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 70443

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 Child

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, November 7, 1895
4. Place of Birth. (Street and Number) West st 505
5. Full Name of Mother. Florence J Smith
6. Mother's Maiden Name. Florence J Higgdon
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Willon Smith
9. Father's Occupation, Glass Blo
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Florence B Thater

Address, 932 Warner st

Remarks,

8 9 5 0 0 0 7 7 8 7

J. C. PLANT & CO., BTY PRINTERS AND B. A. ...

RETURN OF A BIRTH. 70 444

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 7 Nov 1895
4. *Place of Birth, (Street and Number)* 215 Madison St.
5. *Full Name of Mother,* Fannie Richter
6. *Mother's Maiden Name,* Long
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Louis Richter
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. E. Sherman

Address, 72 Allendale St.

Remarks,

8950007788

month, and shall set forth so far as the same can be ascertained the full name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date, and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or any other person shall undertake to report the birth of any such child, the duty of the person or persons so undertaking to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70445

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 9-95
4. Place of Birth, (Street and Number) 833 Warner St.
5. Full Name of Mother, Annie Albert
6. Mother's Maiden Name, " Linke
7. Mother's Birthplace, Germany
8. Full Name of Father, Otto Albert
9. Father's Occupation,
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, G. L. Candlenbline

Address, 414 S. Paca St.

Remarks,

8 9 5 0 0 0 7 7 8 9

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered to the attendant or other person who shall be present at the birth, or in any case where there is no such attendance upon the mother, immediately thereafter, but in no case later than within the period above required, and shall occur without the attendance of a physician or practitioner or midwifery, or should no other person be in attendance upon the mother, immediately thereafter, but in no case later than within the period above required, and shall be by the person who shall be present at such birth, or in any case where there is no such attendance, by the mother, or in case she be unable, by any other person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70446

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 9 Nov 1895
4. *Place of Birth, (Street and Number)* 4th floor rear
5. *Full Name of Mother,* Lena Prinshkopsky
6. *Mother's Maiden Name,* Nathanovsky
7. *Mother's Birthplace,* Prussia
8. *Full Name of Father,* Herman Prinshkopsky
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Prussia

Name of Medical Attendant, or other person who makes this Return. E. Sherman

Address, 42 Albemarle St

Remarks,

8950007790

month, and shall set forth as far as the same can be ascertained the all names of each child, if any, and have been or are to be given to the child, the full name and occupation of the parents, the date of birth, and the place of birth; and the said schedule shall be delivered by the attendant or other person, within one day after the birth of every child, to the office of the Commissioner of the City of Baltimore, in the form of a certificate to be signed by the practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person so required, and shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person so required, and child to report to the Commissioner of Health, in the manner and within the period prescribed, and to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70447

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 10 Nov 1895
4. Place of Birth, (Street and Number) 817 Lost St.
5. Full Name of Mother, Annie Goldberg
6. Mother's Maiden Name, Annie Weinfrout
7. Mother's Birthplace, Russia
8. Full Name of Father, Max Goldberg
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. Cherman

Address, 72 Altamont St.

Remarks,

8950007791

month and shall set forth so far as the same can be ascertained, the full name of each child, (if any shall have been born before) its sex, color, the full name and occupation of its parents, the date and place of birth, and the number of the child of its mother, and the said practitioner is the form of a certificate between the first and third day of each and every month, and shall serve the same, all in such form and manner as the said schedule shall be delivered, duly to fill up, sign and deliver to the said office of the Commissioner of Health. In case no other person be in attendance of a physician or practioner of midwifery, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and shall receive upon the mother, immediately thereafter, a certificate in such form as the said Commissioner may say such person or persons shall be entitled to receive, and shall forthwith deliver the same to the said Commissioner, who shall thereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Jeckel to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

concerned, its sex, color, the full name and occupation of its parents, the date and place of birth: and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70448

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 10th Nov. 1895

4. Place of Birth, (Street and Number) 782 W Mulberry st

5. Full Name of Mother, Lizzie Ochs

6. Mother's Maiden Name, Lizzie Breitsch

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Edward C. Ochs

9. Father's Occupation, Sign Painter

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs W. Maennel

Address, 913 Fulton ave

Remarks,

18950007792

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70449

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 10 1895
4. Place of Birth, (Street and Number) Saratoga st 1624
5. Full Name of Mother, Mary Dominica
6. Mother's Maiden Name, Bohaimer
7. Mother's Birthplace, Bohaimer
8. Full Name of Father, John Dominica
9. Father's Occupation Labor
10. Father's Birthplace, Bohaimer

Name of Medical Attendant, or other person who makes this Return, Mary Kapter

Address, N Washington st 205

Remarks,

8750007793

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70450

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 10 1895
4. *Place of Birth, (Street and Number)* Chapple st 922
5. *Full Name of Mother,* Sophia Vojek
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohemian
8. *Full Name of Father,* Frank Vojek
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Bohemian

Name of Medical Attendant, or other person who makes this Return, Mary Skopiles

Address, N Washington st 205

Remarks,

1 8 9 5 0 0 0 7 7 9 4

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be [illegible] months, and [illegible] subject to [illegible] been [illegible] shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. Any [illegible] or should no other person be in attendance upon the mother, [illegible] shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child, [illegible] attendance upon the mother, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70451

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 11th 1895
4. *Place of Birth, (Street and Number)* 1911 Sherwood Ave
5. *Full Name of Mother,* Clara M Skipper
6. *Mother's Maiden Name,* " " Baseman
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Reilding Skipper
9. *Father's Occupation* Boiler Maker
10. *Father's Birthplace,* Baltimore Co Md

Name of Medical Attendant, or other person who makes this Return, R. G. Rankin

Address, #811 Jefferson Ave Waverly City

Remarks,

8950007795

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] of its parents, the date and hour of birth and the [illegible] certificate signed by the attending physician or midwife, or other person who delivered the first and [illegible] of Health. In case the birth of any child [illegible] or should no other person be in [illegible] the duty of the person or parents, or, [illegible] with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall per
[illegible] the date and place of birth; and the
name, full name and occupation of its parents, the date of marriage between the first and
been conferred, his sex, and the name and address of the attendant, or other person who shall have
said delivery, duly signed by the practitioner, or other person, or certificate of midwifery, or should no other person
of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or midwife, or should the parents or parents of such
attendance upon the mother, the mother herself shall become the duty of the person required, and
child to report, within the time specified, to comply with the provisions of this section shall be sub-
ject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70452

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 13 1895
4. *Place of Birth, (Street and Number)* 625 Bradford st
5. *Full Name of Mother,* Wollie Dietz
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Dietz
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary Kopitz

Address, No 200 N Washington st

Remarks,

8950007796

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70453

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 14 1895
4. *Place of Birth, (Street and Number)* Port st 102
5. *Full Name of Mother,* Mary Lavatinek
6. *Mother's Maiden Name,* Bohainen
7. *Mother's Birthplace,* Austria
8. *Full Name of Father,* Lavatinek
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Bohainen

Name of Medical Attendant, or other person who makes this Return Mary Kropts

Address, N Washington st 205

Remarks,

1895000 7797

month, and shall set forth after as the same can be ascertained the full name of each child, (if any shall have been born) its sex, color, date of birth, the full name and occupation of its parents, the form of a certificate between the parents, if married, duly signed by the Rev. Commissioner of Health. In case there shall be any child said schedule shall be delivered to the office or practitioner of midwifery, or the person or parents of such third child of such parents, and every month to the office or practitioner of midwifery, or the person or parents of such third child of such parents, and every month thereafter it shall become the duty of such person or parents of such third child of such parents, without the attendance of a physician or midwife, within the period above required, and attendance upon the mother, to report to the Commissioner of Health, in manner and form as prescribed, the birth of such child to report to the Commissioner of Health, in manner and form as prescribed, the birth of such child to report to the Commissioner of Health, to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70454

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 14 Nov 1895
4. Place of Birth, (Street and Number) 123 N. Front St.
5. Full Name of Mother, Beccie Abel
6. Mother's Maiden Name, Cipman
7. Mother's Birthplace, Russia
8. Full Name of Father, Lypnio Abel
9. Father's Occupation Boot-Lifter
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. E. Fehrmann

Address, 42 Monroe St.

Remarks,

8950007798

month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred) its sex, the full name and occupation of its parents, the date and place of birth, and the name, the full name and occupation of the attendant or other person who shall have been the first and last to have delivered, duly signed by the Commissioner of Health, in the manner and within the time required by said schedule shall and every month to the Commissioner of Health, in the manner and within the time required, and third day of each and every month thereafter, shall be delivered to the person or persons of such child, or cause the birth of any child to be delivered, without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, the duty of the person or persons so required, and the duty of the Commissioner of Health to report to the Commissioner of Health in the manner and within the time required, and child to report to the Commissioner of Health, in the manner and within the time required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 70455

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 15 1895
4. *Place of Birth, (Street and Number)* Amt st 764
5. *Full Name of Mother,* Mary Lowzycki
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohaimer
8. *Full Name of Father,* Charles Lowzycki
9. *Father's Occupation* Lobor
10. *Father's Birthplace,* Bohaimer

Name of Medical Attendant, or other person who makes this Return. Mary Kapter

Address, N Washington st 205

Remarks,

8 9 5 0 0 0 7 7 9 9

Wm. J. C. Dulany Co., City Printers and Stationers.

Month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been born within the month,) the date and place of birth; and the said schedule shall also contain the sex, color, the full name and occupation of the father, the full name of the mother, the date and place of birth; and the third day of each and every month thereafter, the practitioner in the form of a certificate between the first and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, it shall become the duty of the person or persons, being the parent or parents of any child born upon the mother, immediately thereafter, to make and deliver to the Commissioner of Health, in the manner and within the period above required, and child, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70456

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male Twins
2. Race or Color, (if not of the white race) White
3. Date of Birth, 16 Nov 1895
4. Place of Birth, (Street and Number) 819 Gay St.
5. Full Name of Mother, Esther Gordetsky
6. Mother's Maiden Name, Cohen
7. Mother's Birthplace, Russia
8. Full Name of Father, Lazar Gordetsky
9. Father's Occupation Tobacco Reper
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. Schermer

Address, 18 Altemont St

Remarks,

1 8 9 5 0 0 0 7 8 0 0

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 70457

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 3d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 16 Nov 1895
4. *Place of Birth, (Street and Number)* 27 High St.
5. *Full Name of Mother,* Lena Coplan
6. *Mother's Maiden Name,* Cisickson
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Davis Coplan
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, E. Ulrman

Address, 72 Aisquith St.

Remarks.

1 8 9 5 0 0 0 7 8 0 1

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and surname of its parents, the date and place of birth; and the said schedule shall be delivered, monthly by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. Should no other person be in attendance without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70458

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* November 16 1895
4. *Place of Birth, (Street and Number)* Durham st No 5
5. *Full Name of Mother,* Mary Bowen
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* William Bowen
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary Naylis

Address, N Washington st No 205

Remarks,

8 9 5 0 0 0 7 8 0 2

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the third day of each month he shall deliver, duly signed by the practitioner, in the form of a certificate between the first and third day of each month to a Registrar of the City, or to the Commissioner of Health, a true return of the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons failing to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth so far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70459

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 17 Nov 1895
4. *Place of Birth, (Street and Number)* 222 Exeter St
5. *Full Name of Mother,* Helen Steinberg
6. *Mother's Maiden Name,* Moses
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Mendal Steinberg
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, E. Scherman

Address, 12 Albemarle St.

Remarks,

1 8 9 5 0 0 0 7 8 0 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70460

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 17 Nov 1895
4. *Place of Birth, (Street and Number)* 1025 E. Pratt St.
5. *Full Name of Mother,* Betzis Gelsen
6. *Mother's Maiden Name,* Lowinsky
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Harris Gelsen
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, E. Schusman

Address, 42 Albemarle St.

Remarks,

6950007804

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been born dead, the manner and cause of its death,) the date and place of birth, and the sex, color, and number of its parents, the date and place of marriage, and the occupation of its parents, the date and place of birth, and the place of residence of each and every month to the office of the Commissioner of Health, in the form of a certificate signed by the practitioner in charge of such case, or in case the birth of any child shall occur without the attendance of a physician or practitioner, it shall become the duty of the person or persons in charge of such child to report its birth to the Commissioner of Health, in the manner and within the time required, and attendance upon the mother, the Commissioner of Health, in the manner and within the time required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70461

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 17 1895
4. *Place of Birth, (Street and Number)* Castle st 217
5. *Full Name of Mother,* Lizzie Grove
6. *Mother's Maiden Name,* Farmer
7. *Mother's Birthplace,* Grove
8. *Full Name of Father,* Grove
9. *Father's Occupation* Laboy
10. *Father's Birthplace,* Farmer

Name of Medical Attendant, or other person who makes this return Mary Thalitia

Address, N Washington st 205

Remarks,

18950007805

month, and shall set forth as far as the same can be ascertained the full name of each child of any such mother, the date of its birth, the full name and occupation of its parents, the date of marriage of such parents, and the number of children born to such mother, including the child last born, and the number of such children living, and shall specify whether such child be the first and only child born to such mother, or the second, third, or other child born to such mother, and such schedule shall be delivered, duly signed by the practitioner, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance who shall be able to give the information required, the person or persons in charge of such child shall report its birth to the Commissioner of Health, in the form of a schedule to be furnished by the Commissioner, within the period of one month from the birth of such child, and shall be required to give the information required, and any such person or persons who shall have failed to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 90462

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 17 1895
4. *Place of Birth, (Street and Number)* Madison st 1820
5. *Full Name of Mother,* Katie Schiworz
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Schiworz
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mary Baptis

Address, N Washington st No 205

Remarks,

8 9 5 0 0 0 7 8 0 6

Wm. J. C. Dulany Co., City Printers and Stationers.

R.C.S. 1. The foregoing card contains a list of the fees which have occurred under this act, at cost, during the month, and shall set forth safer as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the Commissioner of Health, within five days after the birth of such child, and shall be in attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above prescribed, and any person or persons who shall neglect or fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

SEC. 1. [illegible] shall be [illegible] the full name of each child, (if any shall have been born,) the time of birth, the sex, the color, the occupation of its parents, the date and place of birth; and the name of the child shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the mother, or in her absence, any other person who shall become the duty of the person or parents of such attendance upon the mother, shall report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

NEW NAME ISSUED 6-16-54

RETURN OF A BIRTH. 70463

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Robert Roy Battee

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 18 1895
4. *Place of Birth, (Street and Number)* High alley 1217
5. *Full Name of Mother,* Mary Battee
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Battee
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mary Kopter

Address, N Washington st 205

Remarks,

1895U07807

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70464

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov. 29th 1895.
4. *Place of Birth, (Street and Number)* 1427 E. Preston st
5. *Full Name of Mother,* Sarah M. Simmons
6. *Mother's Maiden Name,* " " Waddell
7. *Mother's Birthplace,* Talbot Co. Md.
8. *Full Name of Father,* Frank G. Simmons
9. *Father's Occupation,* Carpenter
10. *Father's Birthplace,* Balto. City

Name of Medical Attendant, or other person who makes this Return. E. B. Fenby, M.D.

Address, 1219 N. Caroline st.

Remarks,

8 9 5 0 0 9 7 8 0 8

Wm J. C. Dulany Co., City Printers and Stationers.

Health. This section shall contain a name and address of the person who shall have occasion to report the birth of each child, of any shall have been conferred) its sex, color, and the full name of the father and the place of birth; and the month, and shall set forth as far as the name and occupation of its parents or a certificate between the first and said schedule shall be certified by the person or persons who shall have been present at the birth of such child, or in case no such person shall be in attendance upon the mother, then by the person who shall have been in attendance at the birth of such child to report its sex, color, and place of birth, and the name of the person or parents of such child to report its sex, color, and place of birth, and the name of the person or persons who shall be and every month to the office of the Commissioner of Health, in the city, with the provisions of this section, shall be and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be and shall be certified, duly signed by the practitioner of Health. In case, the child or other person be in attendance upon the mother, then by the practitioner of midwifery, of the person or parents of such child shall occur without the attendance of any person or persons who shall be within the period above required, and shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70460

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Laura Cooper Sadtler 1st

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov 28th 1895
4. *Place of Birth, (Street and Number)* 1839 Bolton St
5. *Full Name of Mother,* Rosabella C Sadtler
6. *Mother's Maiden Name,* Slicer
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Chas E Sadtler
9. *Father's Occupation* Physician
10. *Father's Birthplace,* Penna

Name of Medical Attendant, or other person who makes this Return, F C Pole

Address, 2030 Madison Ave

Remarks, GIVEN NAME ADDED 4-6-53 L.M.

B950007809

Wm. J. C. Dulany Co., City Printers and Stationers.

Monthly, on the 5th of each month, as far as the same can be ascertained, the full name of each child (if any shall have been conferred) its sex, color, date of birth, name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed, by such person, to the form of a certificate between the first and fifth day of each and every month to the office of the Commissioner of Health. In case the birth of any child attended neither without the attendance of a physician or practitioner of midwifery, or shall be from any other cause, the child is reported in birth to the Commissioner of Health, he shall become the duty of the person or persons so attending any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70466

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Nov 10 1895
4. *Place of Birth, (Street and Number)* 2004 Division
5. *Full Name of Mother,* Jane E Johnson
6. *Mother's Maiden Name,* Jane E Evans
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Samuel Johnson
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Blairsville Md

Name of Medical Attendant, or other person who makes this Return. Hester Coleman

Address, 509 Preston St

Remarks,

6950007810

Wm J C. Dulany Co., City Printers and Stationers.

Month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born living, the sex, color, the full name and occupation of its parents, the date and place of birth; and the name of the attendant, if any, or of the person or persons, or other person, who shall have been the first and third day of each and every month to the office of the Commissioner of Health, in such form as the said Commissioner shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the mother (immediately thereafter, if able, or in case of her death or inability, the person in charge of the house) shall be required to report in the manner and within the time prescribed, and child to report in the manner and within the time prescribed, shall become the duty of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70467

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Nov 19th 1895
4. Place of Birth, (Street and Number) 238 N Montford Ave
5. Full Name of Mother, Lottie Thompson
6. Mother's Maiden Name, Lottie Thompson
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Lewis L Cole
9. Father's Occupation Laboring
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Sarah A Jones

Address, 525 Patterson Ave Balto

Remarks,

5 9 5 0 0 0 7 8 1 1

Wm. J. C. Delany Co., City Printers and Stationers

[illegible] of the birth of a child, we have carefully inquired into the facts, and do hereby certify that the following is a true and correct statement of the facts and circumstances, as far as we have been informed, and believe the same to be true. We hereby certify that we will, on or before the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person, or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above specified, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Health. It is necessary that there should be a record of every birth within the City of Baltimore, which shall be made within one month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health. Those who shall be in charge of any child at the time of its birth, or who shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall neglect or refuse to comply with the provisions of this section, shall be subject to a fine not less than five (5) dollars nor more than ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70468

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 19 1895
4. *Place of Birth, (Street and Number)* 121 W Henrietta St
5. *Full Name of Mother,* Mary Oatman
6. *Mother's Maiden Name,* Mary Strickman
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Wm G Oatman
9. *Father's Occupation* Shoe Maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Jas E A Brooke

Address, N 1828 Light St

Remarks, Doing well

1 8 9 5 0 0 0 7 8 1 2

Wm. J. C. Dulany Co., City Printers and Stationers.

CERTIFICATE CORRECTED 11-15-58

70469

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Bernardine Hermina Hoernig 6th

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) White

3. Date of Birth, Jan. 23 - 9

4. Place of Birth, (Street and Number) 1287 Hollins St

5. Full Name of Mother, Caroline Kunold Hoernig

6. Mother's Maiden Name, Caroline Kunoff Schd

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Henry G. Hoernig Cutler

9. Father's Occupation, Clothing

10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Jas. E. A. Woods M.D.

Address, 1328 Sigsbee Bldg

Remarks, Living well

8950007813

Wm. F. C. Delany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70470

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 10 - 95
4. Place of Birth, (Street and Number) 129 Hart Ave
5. Full Name of Mother, Alice G. Elliott
6. Mother's Maiden Name, Alice G. Bush
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Thomas Elliott
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Geo. E. A. Brooks

Address, 1828 Bight St

Remarks, Doing well

B45000781 4

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a true and correct register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the name, sex, and color of each child born, the time and place of birth, the name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the duty of the person or other person of such attendance upon the mother, shall be to report such birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st child to this

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

Date of Birth, 1st September 1895

Place of Birth, (Street and Number) Bay no. 4

Full Name of Mother, Flora Lind

Mother's Maiden Name, Flora Hallar

Mother's Birthplace, Baltimore

8. *Full Name of Father,* Conrad Lind

9. *Father's Occupation* Broom-maker

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Elias

Address, 1625 E. Hopkins Ave.

Remarks, Born 1895.

Wm. J. C. Dulany Co., City Printers and Stationers.

0 4 5 0 0 7 8 1 5

RETURN OF A BIRTH. 70527

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 1, 1895
4. *Place of Birth, (Street and Number)* 292 East Ave
5. *Full Name of Mother,* Rosa Allen
6. *Mother's Maiden Name,* Rosa Geddes.
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Frank Allen
9. *Father's Occupation* Labor
10. *Father's Birthplace.* Balto

Name of Medical Attendant, or other person who makes this Return. Mary S Savage

Address, 824 Canton St.

Remarks,

8 9 5 0 0 0 7 8 1 6

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, at the office of the Commissioner of Health, in the city of Baltimore, by the person who shall have attended upon the mother, or delivered her of the child, or in case there be no such person in attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to report the birth of any such child within the period prescribed, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

Health. [illegible] shall be [illegible] the full name of each child, (if any shall have been born,) the date and place of birth; and the full name of each parent, the date and place of birth; and the full name of each child, the date of birth, and the place of birth of each child, if born elsewhere than in the city of Baltimore, and shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any person or persons so offending shall forfeit and pay for the use of the City of Baltimore, shall be subjected to the fine or fees (ten) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70[illegible]

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12 ~~[illegible]~~ Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 1 December
4. *Place of Birth, (Street and Number)* Baltimore 2161 Barney
5. *Full Name of Mother,* Mary E Lacher
6. *Mother's Maiden Name,* mary E Cramer
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John C Lacher
9. *Father's Occupation* ~~[illegible]~~ Baker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return Mr. Bangs

Address, 711 S. Cross St Balto. Md.

Remarks,

8950007817

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70529

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Dec 1st 1895
4. Place of Birth, (Street and Number) No 505 Hanover St Balto Md
5. Full Name of Mother, ~~Mrs~~ Mary A. Beatty
6. Mother's Maiden Name, McCall
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Wm T. Beatty Jr
9. Father's Occupation Horse-Shoer
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, Mrs. Bang.

Address, 711 S. Cross St. Balto Md.

Remarks,

8950007818

Health. This schedule shall contain a list of the [illegible] month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70530

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dec 1st 95
4. *Place of Birth, (Street and Number)* 1422 Bank St
5. *Full Name of Mother,* Mary E. Moeller
6. *Mother's Maiden Name,* " " Falk
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* John Moeller
9. *Father's Occupation* Potter
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Mary A Allwell

Address, 1438 N. Bond St

Remarks,

8 9 5 0 0 0 7 8 1 9

Wm. J. C. Dulany Co., City Printers and Stationers.

months, and shall set forth sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be signed by the practitioner of medicine in case a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child or children, within two months, to make and deliver to the Commissioner of Health a schedule containing the same particulars of the birth as required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Health, and shall set forth as far as the same can be ascertained, the full name of each child (if any shall have been born alive), the date of birth, the full name and occupation of its parents, the place of birth, and the month, and shall set forth as far as the same can be ascertained, the full name and occupation of its parents, the place of birth, and the month, and shall be delivered, duly signed by the person or practitioner in the form of a certificate between the first and third day of each and every month, to the Commissioner of Health. In case the birth of any child shall occur without the intervention of a physician or practitioner of midwifery, or other person, the person or parents of such child to report its birth to the Commissioner of Health, in manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70531

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 1, 1895
4. Place of Birth, (Street and Number) 338 Winder St
5. Full Name of Mother, Maggie Carager
6. Mother's Maiden Name, O. Lagia Walter
7. Mother's Birthplace, Balti
8. Full Name of Father, Jeff Carager
9. Father's Occupation Driver
10. Father's Birthplace, Balti

Name of Medical Attendant, or other person who makes this Return, Dr. R. Caskey

Address, 213 E. Heath

Remarks, Having Fell

1 8 9 5 0 0 6 7 8 2 8

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month preceding the date of the return, the name and residence of the parents, the date of birth, and the name (if any) and full name and occupation of the father of each child; and the name (if any) and full name and occupation in the female line of the mother of each child; and the month, whether it is male or female, and whether it is the first, second, third, or other child born to the parents of each child, duly signed by the attendant, or other person who makes the return, and shall be delivered or mailed to the Commissioner of Health, at the manner and within the period above required, and every month to the physician or practitioner who shall become the duty of the person above required, subscribed and sworn to before a justice of the peace, or other person authorized to administer oaths, within the third day of each month thereafter. If in the manner and within the period above required, such schedule shall not be delivered or mailed, the person or persons who shall have the duty of making the return, shall occur upon the mother, the Commissioner of Health to comply with the provisions of this section shall be subject to the fine or penalty of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70582

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, December 1st. 1895
4. Place of Birth, (Street and Number) 2026 Linden Ave
5. Full Name of Mother, Evelyn C. Henning
6. Mother's Maiden Name, Evelyn C. Hamilton.
7. Mother's Birthplace. Baltimore Md.
8. Full Name of Father, Elmer E. Henning.
9. Father's Occupation Carpet Dealer
10. Father's Birthplace, Baltimore, Md

Name of Medical Attendant, or other person who makes this Return. Wilmer Brinton, M.D.

Address, J. W. Cor Calvert & Preston Sts.

Remarks, 8 9 5 0 0 0 7 8 2 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70553

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec. 4 1895
4. *Place of Birth, (Street and Number)* 121 Battery Ave
5. *Full Name of Mother,* Hettie Butler
6. *Mother's Maiden Name,* Hettie Butler Thacker
7. *Mother's Birthplace,* Balt
8. *Full Name of Father,* John Butler
9. *Father's Occupation* Engineer
10. *Father's Birthplace,* Balti

Name of Medical Attendant, or other person who makes this Return, Dr. R. Crosby

Address, 213 E Heath

Remarks, Home Still

Wm. J. C. Dulany Co., City Printers and Stationers.

1875000782 2

month, and shall set forth nafar as the same can be ascertained the full name of each child of any woman [illegible] born or delivered, the sex, color, the full name and occupation of the parents, the date and place of birth, and the [illegible] said relative; the sex, color, the full name and occupation of the parents, the date and place of birth, and the [illegible] shall occur without the aforementioned, the form of a certificate between the day and the third day of each month to the office of the Commissioner of Health, and the [illegible] certificate shall be delivered, duly signed by the physician or practitioner of midwifery. In case the birth of any child [illegible] attendance upon the mother, immediately thereafter, it shall become the duty of the person in charge of such [illegible] any such person to give notice of such birth to the Commissioner of Health, in the manner prescribed in this section shall be [illegible] Jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name, the date and place of birth; and the name, and shall set forth as far as the same can be ascertained, the full name, the date and place of birth; and the been conferred its sex, color, the full name and occupation of the parents, and the place of birth; and the said schedule shall be delivered, duly verified by the oath of the person making the same, to the Health Officer, and shall contain a list of births which have occurred within the said City, and the said schedule shall be delivered, duly verified by the oath of the person making the same, to the Health Officer, and shall be in the form of a certificate between the first and third days of each and every month, and shall be accompanied by the fee of twenty cents, or in default thereof, in the manner and within the period above required, and attendance upon the mother, immediately before or after the birth, in the manner and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70534

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* N
3. *Date of Birth.* Dec 1
4. *Place of Birth, (Street and Number)* 1 1/2 Columbia St.
5. *Full Name of Mother,* Mahala ~~[illegible]~~ Austen
6. *Mother's Maiden Name,* Mahala Beckley
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Geo. W. Austen
9. *Father's Occupation* Paper Hanger
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Mary Hanger

Address, 412 Scott St

Remarks,

8 9 5 0 0 0 7 8 2 3

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 70535

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec. 1 - 95
4. *Place of Birth, (Street and Number)* 611 N. Bond
5. *Full Name of Mother,* Emma Lapp
6. *Mother's Maiden Name,* " Beamds
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* George Lapp
9. *Father's Occupation,* Assistant Yard-master
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, C. L. Buddenbach

Address, 418 S. Paca St.

Remarks,

5 9 5 0 0 0 7 8 2 4

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born alive, the full name and occupation of its parents, the place of birth; and the said schedule shall be signed by the practitioner in the form of a certificate, specifying the first and third day of each and every month to the officer of the commissioner of health. In case the birth of any child occur without the attendance of a physician or practitioner, or midwife, the person or parents of such child to report its birth to the commissioner of health, in the manner and within the period aforesaid; and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth safar as the same can be ascertained, the full name of each child, if a boy, whether he has been christened; its sex, color, the full name and occupation of its parents, the date and place of birth; and the third day of each month he shall deliver, duly signed by the practitioner in the form of a certificate between the first and third day of each month, to the Registrar of Vital Statistics, Board of Health, Baltimore City. No other person shall cause the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or shall be the first person in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons violating the provisions of this section, or any of the sections of this article, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70536

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* Dec
4. *Place of Birth, (Street and Number)* 629 E. Howard
5. *Full Name of Mother,* Georgan Herd
6. *Mother's Maiden Name,* Georgan Smith
7. *Mother's Birthplace,* Somerindale Co
8. *Full Name of Father,* Peter Herd
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Baltimore MD

Name of Medical Attendant, or other person who makes this Return, Charlotte Williams

Address, 910 Linden Ave St

Remarks,

895000782 5

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall be sworn to by the attendant, or can be ascertained the full name of each child, (if any shall have been born,) sex, color, the full name and occupation of its parents, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health, in the manner and form as shall be delivered, duly signed by the practitioner, in the form of a certificate hereunto annexed. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance, the Commissioner of Health, in the manner and form as shall be delivered, duly signed by the person or persons who shall hereafter fill out a copy, with the prescribed blanks, and shall report its birth to the Commissioner of Health, in the manner and form as shall be delivered. Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70537

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 1st 1895
4. Place of Birth, (Street and Number) B. M. Maternité 29 N. Bond St
5. Full Name of Mother, Ada Younger
6. Mother's Maiden Name, " Kersey
7. Mother's Birthplace, Alexandria Va
8. Full Name of Father, Ernest Younger
9. Father's Occupation Constable
10. Father's Birthplace, Balto. City.

Name of Medical Attendant, or other person who makes this Return, J. C. Ohlendorf M. D.

Address, 518 N. Bond St.

Remarks,

8950007826

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70538

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 1st 1895
4. Place of Birth, (Street and Number) 770 W. Cross St
5. Full Name of Mother, Annie Mary Hellbach
6. Mother's Maiden Name, " " " "
7. Mother's Birthplace. New Orleans
8. Full Name of Father, William Hellbach
9. Father's Occupation, Tinner
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Wm Gombel M.D.

Address, 837 W. Fayette St

Remarks,

8 9 5 0 0 0 7 8 2 7

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth, in the case of each child, the date of birth, the sex, the race or color, the place of birth, the full name and occupation of its parents, the number of the child in the order of its birth to its mother, and such other information as the Commissioner of Health shall be entitled to require. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be required, and shall be delivered, duly Signed by the practitioner, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be required, and shall be delivered, duly Signed by the parent or parents, or person in charge, immediately thereafter it shall become the duty of the person required, and attendant, to report its birth to the Commissioner of Health. In the event of any such person failing to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70539

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth. Dec 1st 1895
4. Place of Birth, (Street and Number) 1919 E Hoffman st
5. Full Name of Mother, Fannie Davis
6. Mother's Maiden Name, Kovig
7. Mother's Birthplace, Baltimore
8. Full Name of Father, David Davis
9. Father's Occupation Electrionist
10. Father's Birthplace, Ohio

Name of Medical Attendant, or other person who makes this Return, J. Ridgway Andre M.D.

Address, 1123 E Balto st

Remarks,

8 9 5 0 0 0 7 8 2 8

been committed, it shall be the duty of the Commissioner of Health, in case the birth of any child said schedule shall be delivered to the Commissioner of Health, a certificate of such birth, and if no such certificate be delivered within the third day of each and every month to the Commissioner of Health, in case the birth of any child shall have occurred without the presence of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above prescribed, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70 546

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Dec 1 1895
4. *Place of Birth, (Street and Number)* 925 Brown Court
5. *Full Name of Mother,* Mary Boston
6. *Mother's Maiden Name,* Boston
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Johnny Smith
9. *Father's Occupation* Miner
10. *Father's Birthplace,* Balto Co Md

Name of Medical Attendant, or other person who makes this Return, Lucy Cornish

Address, 508 Preston St

Remarks,

8950007829

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 28 Nov 1895
4. *Place of Birth, (Street and Number)* 910 N High St.
5. *Full Name of Mother,* Jennie Pagner
6. *Mother's Maiden Name,* Lucas
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Alfred Lucas
9. *Father's Occupation* Coal Business
10. *Father's Birthplace,* Austria

Name of Medical Attendant, or other person who makes this Return. G. Thurman

Address 42 Vernon St.

Remarks

1 8 9 5 0 0 0 7 8 3 0

Wm. J. C. Dulany Co., City Printers and Stationers.

Sworn to the sex, color, the full name and occupation of its parents, the date and place of birth, and the number of the child of its mother, and shall be delivered, duly signed by the practitioner in the form of a certificate between the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the third day of each and every month to the office of the Commissioner of Health. In case the birth of a child shall occur without the attendance of a physician or practitioner of medicine, the duty of the person or persons in attendance upon the mother, immediately after the birth, to make such report in other manner as may be required by the Commissioner of Health, in the manner and within the period above required; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH. 70472

of Registrar of Vital Statistics, Board of Health, Baltimore City.

To be Offe

No. of Chi'd of Mo her, (state whether 1st, 2d, 3d, &c.) (2) second

1. Sex, (ate whe er male or female) Female

2. Race r Color, f not of the white race) White

3. Date of Birth Nov 3 - 1895

4. Place of Birth, Street and Number) 1129 Greenmount Ave

5. Full Name of Mother, Addie M Smith

6. Mother's Maide Name, " Cosnap

7. Mother's Birthl lace, Meadowvew Va

8. Full Name of F ather, John T. Smith

9. Father's Occup tion Ice Dealer

10. Father's Birthl lace, Md

Name of Medi Attendant, Ina Martha Griffin

Address, Mrs mistake made was that-

Remarks, I thought the Dr made the

Reported - 1529 Kennington Place

Persons who shall hereafter fail to comply with the provisions of this ordinance, shall be fined or imprisoned, or both, at the discretion of the Court, or shall be liable to a penalty of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recov

RETURN OF A BIRTH 7047 3

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov 27. 1895
4. Place of Birth, (Street and Number) Cor Biddle St & Park ave
5. Full Name of Mother, Mrs Mary Conroy
6. Mother's Maiden Name, Mary
7. Mother's Birthplace, Ireland
8. Full Name of Father, John Conroy
9. Father's Occupation, Laborer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, B. B. Browne M.D.

Address, 510 Park ave

Remarks, 8 9 5 0 0 0 7 8 3 2

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 70516

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 23rd 1895
4. Place of Birth, (Street and Number) 929 W Lombard st
5. Full Name of Mother, Mrs Kate Mitchell
6. Mother's Maiden Name, Kate Cunningham
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Robert Mitchell
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs O Hayer

Address, # 924 Hollins st

Remarks,

8950007833

JOHN J. O. DULANY CO. CITY PRINTERS AND STATIONERS.

Section 1. [illegible] shall contain a list of the births which have occurred under his care, of every month, and shall set forth in the same can be ascertained the full name of each child, if any name has been conferred, its sex, color, the full name and place of each parent, the occupation of the parents, the date and place of birth. Any said schedule shall be delivered, duly signed and verified by the person in charge of the office of the Commissioner, on the third day of each and every month to the office of the Commissioner of Health; and a certificate between the attendant or other person in charge of the office of the Commissioner of Health, and the person in attendance without the attendance of a physician or practioner of midwifery, or should any other person in charge of any child to report its birth to the Commissioner of Health, it shall become the duty of the person or persons in any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

RETURN OF A BIRTH. 1050

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Ruth Pullman Scarborough

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec. 18th 1895.
4. *Place of Birth, (Street and Number)* Hilton St cor Barclay St
5. *Full Name of Mother,* Florence H. Scarborough
6. *Mother's Maiden Name,* Leonhardt
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John H. Scarborough
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. J. B. Hart

Address, 815 Jefferson Ave

Remarks, Waverly

8 9 5 0 0 0 7 8 3 4

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 70508

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb. 22nd 1895.
4. Place of Birth, (Street and Number) 242 Barclay St.
5. Full Name of Mother, Rosa A. Ross
6. Mother's Maiden Name, Scott
7. Mother's Birthplace, Maryland
8. Full Name of Father, Frederick Ross
9. Father's Occupation carpenter
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Dr. J. B. Hart

Address, 815 Jeffersonline

Remarks, Masonry

+ 8 9 5 0 0 0 7 8 3 5

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70507

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec. 23rd 1895.

4. Place of Birth, (Street and Number) 126 Granite Ave.

5. Full Name of Mother, Elizabeth E. Hart

6. Mother's Maiden Name, Thornton

7. Mother's Birthplace, Baltimore

8. Full Name of Father, Thos. H. Hart

9. Father's Occupation Clerk

10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Dr. J. B. Hart

Address, 815 Jefferson Ave

Remarks, Waverly

1 8 9 5 0 0 0 7 8 3 6

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall be filled in as far as the same can be ascertained, the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth, and the third day of each and every month of the physician or practioner of midwifery, or should no other person attend, the mother, immediately thereafter. It shall become the duty of the person or parents or guardians with whom any such person or persons who shall have charge of such child to report its birth to the Commissioner of Health, in the manner and within the time prescribed by the rules and regulations of the Board of Health, in default of which report, or if any such person or persons who shall have charge of such child shall neglect or refuse to make such report, he or they shall be liable to a penalty of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

CERTIFICATE OF A BIRTH. 70510

GIVEN NAME ADDED 9/8/61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Joseph Henry

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Dec. 23 1895
4. Place of Birth, (Street and Number) 1122 N. Eutaw St.
5. Full Name of Mother, Mary Josephine Henry
6. Mother's Maiden Name, Snyder
7. Mother's Birthplace, Md.
8. Full Name of Father, William Ma Henry
9. Father's Occupation Paper hanger
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, G. Lane Taneyhill

Address, 1103 Madison Ave.

Remarks,

8 9 5 0 0 0 7 8 3 7

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70511

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 23 — 95
4. Place of Birth, (Street and Number) 1539 Retreat st
5. Full Name of Mother, Annie E. Moore
6. Mother's Maiden Name, Annie E. Christopher
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, James H Moore
9. Father's Occupation, Butcher
10. Father's Birthplace, Balto Co.

Name of Medical Attendant, or other person who makes this Return, L. F. Gray M.D.

Address, 2414 Druid Hill Ave

Remarks, 1 8 9 5 0 0 0 7 8 3 8

Wm J C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and residence of its parents, the date and place of birth, and such schedule shall be delivery monthly to the office of the Commissioner of Health, or should no other person be present at the birth of any child, the fact shall be reported by the practitioner in the form of a certificate. In case the birth of any child shall occur without the attendance of a physician or midwife, the mother or nurse in charge shall be in attendance upon the mother, immediately report to the Commissioner of Health, in the manner and within the period of time prescribed in this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70512

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race)
3. Date of Birth. Dec 23 1895
4. Place of Birth, (Street and Number) 1617 N. Lanvale St.
5. Full Name of Mother, Emily E. Hall.
6. Mother's Maiden Name, " " Moosmiller.
7. Mother's Birthplace, Balto. City, Md.
8. Full Name of Father, John R. Hall, Jr.
9. Father's Occupation Painter.
10. Father's Birthplace, Balto. City, Md.

Name of Medical Attendant, or other person who makes this Return. R. J. H. Tall, M.D.

Address, 524 Sharp St.

Remarks,

1895 0007839

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70513

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 23 1895
4. *Place of Birth, (Street and Number)* Durham st 26
5. *Full Name of Mother,* Mary Helinenby
6. *Mother's Maiden Name,* Harmer
7. *Mother's Birthplace,* Harmer
8. *Full Name of Father,* Andrew Helinenby
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Harmer

Name of Medical Attendant, or other person who makes this Return. Mary Hopkins

Address, N Washington st 205

Remarks,

8 9 5 0 0 0 7 8 4 0

Health. The schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth the name of each child (if any shall have been born), the sex, race or color, the full name and occupation of its parents, the date and place of birth (and if the same cannot be ascertained the full name of each child (if any shall have been born), the sex, race or color, the full name and occupation of its parents, the date and place of birth (and if the same cannot be ascertained the fact shall be stated), and such other information as may be required by the Board of Health. In case the birth of any child and schedule shall be delivered, duly signed by the practitioner in the form of certificate herein before provided, on the third day of each and every month to the office of the practitioner of midwifery, or should no other person be in attendance, then the duty of the person or parents of the child to report its birth to the Commissioner of Health, shall occur without the attendance of any person who is a regular practitioner of midwifery, or should no other person be in attendance, then the duty of the person or parents of the child to report its birth to the Commissioner of Health, in the manner and within the time specified in this section shall be immediately thereafter. It shall become the duty of every person who shall hereafter fail to report any such person or persons who shall hereafter fail to report any such birth, or who shall violate any other provision of this section shall be adjudged to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 10577

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 24 Dec 1896
4. *Place of Birth, (Street and Number)* 137 Hamilton St
5. *Full Name of Mother,* Edith Roane
6. *Mother's Maiden Name,* Edith Carter
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Charles Roane
9. *Father's Occupation,* Laboring
10. *Father's Birthplace,* Georgetown

Name of Medical Attendant, or other person who makes this Return, Hester Florence

Address, 1 C 4 Preston St

Remarks,

8950007841

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 70878

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Female 1
2. Race or Color, (if not of the white race) White
3. Date of Birth, 25 Dec 1898
4. Place of Birth, (Street and Number) 807 Hillen
5. Full Name of Mother, Dora Frank
6. Mother's Maiden Name, Barbrach
7. Mother's Birthplace, Russia
8. Full Name of Father, Conrad Frank
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, E. Schuman

Address, 1701 Monroe St

Remarks,

8950007842

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, the date and place of birth, the full name, occupation of its parents, the date and place of their marriage, and the number of each child of the mother, if living, and the name and residence of the person who shall have been the attendant at the birth of any child. Such schedule shall be certified, duly signed by the practitioner in the form of a certificate to be given by the Commissioner of Health, and shall be delivered at the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately after the expiration of the period of two weeks next ensuing, and every month to the office of the Commissioner of Health, in the manner and within the period above prescribed. If any physician or other person who shall have been the attendant at the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report it to the Commissioner of Health, in the manner and within the period above prescribed. If any physician or other person who shall have been the attendant at the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report it to the Commissioner of Health, in the manner and within the period above prescribed. If any physician or other person who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any), the date of birth; and the sex, color, and full name and occupation of its parents. He or she shall deliver a duplicate of such list, when so completed, duly signed by the practitioner or midwife, or should no other person be in attendance, by the person who shall have been conferred with in the absence of the attendant, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or other person, or in case the parents of such child to report, the Commissioner of Health, in the name and on the behalf of the City of Baltimore, may require any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70516

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 26 Dec 1895
4. *Place of Birth, (Street and Number)* 735 Thames St
5. *Full Name of Mother,* Rachel Schlberg
6. *Mother's Maiden Name,* Wiernarsky
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Abram Schlberg
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, E Ichesmon
H Altenwalsh

Address,

Remarks,

8 9 5 0 0 0 7 8 4 3

Wm. J. C. Dulany Co. City Printers and Stationers.

RETURN OF A BIRTH. 70517

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec. 27th 1895.
4. *Place of Birth, (Street and Number)* Calvert St.
5. *Full Name of Mother,* Annie C. Spittel
6. *Mother's Maiden Name,* Annie C. Keil.
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Henry A. Spittel
9. *Father's Occupation* Machinist
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, Elizabeth Wilker

Address, Hoffman Lane 2 Baltimore City.

Remarks, Fred. Road. Ext.)

8 7 5 0 0 0 7 8 4 4

month, and shall set forth as far as the same can be ascertained, the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said return shall be delivered, duly signed by the practitioner in the form of a certificate between the first and tenth days of each and every month, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, the mother or other person in charge of the child shall be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons so in charge of the child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person who shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70518

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 28 D 11 1895
4. *Place of Birth, (Street and Number)* 1400 E Lombard St.
5. *Full Name of Mother,* Rachel Rosenstad
6. *Mother's Maiden Name,* Worf
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Joel Rosenstad
9. *Father's Occupation* Peddler
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, D. E. Sherman

Address, 42 Sherman St.

Remarks,

8950007845

Wm. J. C. Dulany Co., City Printers and Stationers.

Sec. 2. Be it further enacted, that the Registrar of Vital Statistics, on the first day of each and every month, shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been given, the sex, color, the full name of the father and mother, the place of birth, and the date of birth; and the said schedule shall be delivered, duly sworn to, by the Registrar or Assistant Registrar, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance, the mother, immediately thereafter, shall be the person, and the parents of such child, or one of them, shall be the person, who shall become the duty of the person required, and shall report its birth to the Commissioner of Health, in the manner and within the period above required, and shall be subject to the penalties provided for the violation of the provisions of this section shall be, and the attendance upon the mother, immediately thereafter fail to comply with the provisions of this section shall be, and is hereby made, a misdemeanor, and upon conviction thereof shall be punished by a fine of not less than five dollars nor more than ten dollars, for each offence, and any such person or persons who shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70519

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, etc.) 8th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 28th of Dec., 1895
4. Place of Birth, (Street and Number) No 4 Kossuth Carroll Balto Md
5. Full Name of Mother, Catherine E. Mosberger
6. Mother's Maiden Name, Catherine E Pezeby
7. Mother's Birthplace, Carroll. Balto. Co Md.
8. Full Name of Father, Paul Mosberger
9. Father's Occupation Carpenter
10. Father's Birthplace, Carroll. Balto. Co. Md.

Name of Medical Attendant, or other person who makes this Return. Elisabeth Wikes

Address, Hoffman Lane Balto. City

Remarks,

8 9 5 0 0 0 7 8 4 6

Wm. J. C. Dulany Co., City Printers and Stationers.

Section 2. It shall be the duty of the person who shall have charge of the care of any child born alive within the City of Baltimore, to make a return of such birth, in the form of a certificate between the first and second schedule shall be delivered, duly signed, at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, of the person or parents of such child, or in the absence of such person or parents, the duty of making such return shall devolve upon the mother, immediately thereafter, in like manner and within the period above required, and attendance upon the mother, immediately thereafter, in like manner and within the period above required, and any such person or persons who shall have charge of such child, or the mother, who shall neglect or refuse to report its birth to the Commissioner of Health, or who shall neglect or refuse to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

5

RETURN OF A BIRTH. 70530

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 15 1845
4. Place of Birth, (Street and Number) German & Green Sts
5. Full Name of Mother, Mrs Rose McKinlers
6. Mother's Maiden Name,
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Richard McKinlers
9. Father's Occupation, Lawyer
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, B B Browne M.D.

Address,

Remarks,

8 9 5 0 0 0 7 8 4 7

Wm J C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which [illegible] month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

70541

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Frederick ~~F Parker~~*

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 1, 1893
4. Place of Birth, (Street and Number), 3040 Dillon St
5. Full Name of Mother, Justine Parker
6. Mother's Maiden Name, Justine Davis.
7. Mother's Birthplace, Balt
8. Full Name of Father, Fredrick Parker
9. Father's Occupation Labor
10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return, Mary S. Swayne

Address, 824 Canton St.

Remarks. #1233,581

*Name added from [illegible] dated June 7, 1919
Nov 4, 1940 [illegible]
Director Bureau of Vital Statistics

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 70542

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5.

1. *Sex, (state whether male or female)* Girl.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* 1. December.
4. *Place of Birth, (Street and Number)* N. 10r. Register Street.
5. *Full Name of Mother,* Pauline Maier.
6. *Mother's Maiden Name,* Pauline Biskador.
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* Gregor Maier.
9. *Father's Occupation* Laborman.
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return, Mary Koss.

Address, N. 9. Wolfe Street.

Remarks,

8950007849

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 70543

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 1 December
4. *Place of Birth, (Street and Number)* 1211 Cookie st.
5. *Full Name of Mother,* August Rheinwald
6. *Mother's Maiden Name,* " Sibley
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* August Rheinwald
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Eff. McJun

Address, 1331 Hull st

Remarks,

8 4 5 0 0 0 7 8 5 0

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and thirtieth days of each month, to the Registrar of Vital Statistics of the City of Baltimore; and if any such birth shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70544

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 1th Dezember 1895
4. Place of Birth, (Street and Number) Garrett ave No 1434.
5. Full Name of Mother, Julia Worker
6. Mother's Maiden Name. u Blinkie
7. Mother's Birthplace, Germanye
8. Full Name of Father, Albert Worker
9. Father's Occupation Leber
10. Father's Birthplace, Germanye

Name of Medical Attendant, or other person who makes this Return. Lizzie Schaeffler

Address, E Hartsen No 1408.

Remarks,

8950007851

been conferred) its sex, color, the full name and occupation of the parents, the date and place of birth, and the name given to the child, shall be delivered, duly signed by the attendant, to the Commissioner of Health, in the form of a certificate between the first and the tenth day of each and every month to a physician or practioner of midwifery, or the person or parents of such child, or to the person in charge of the house in which such birth shall occur without the attendance of a physician or practioner of midwifery, or the person or parents of such child to report the same immediately thereafter. It shall be the duty of the person or parents of such child to report the same to the Commissioner of Health, in manner and within the period above required, in the absence of such attendance upon the birth. In case any person or persons shall neglect or refuse to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70545

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 1th December 1895.
4. *Place of Birth, (Street and Number)* Fort Elbo Henry
5. *Full Name of Mother,* Mage Fesmeier
6. *Mother's Maiden Name,* " Mahonre
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* John Fesmeier
9. *Father's Occupation* Soldier
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Lizzie Schaeffler

Address, 6 Fort Ave N. 1085

Remarks,

B 9 5 U 0 7 8 5 2

lient conferred) his sex, color, the full name and occupation of his parents, the date and place of his birth and the said schedule shall be delivered, duly signed by the attendant, the form of certificate herein provided, and shall be the duty of such attendant to report such birth to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicer of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in manner and with the same powers conferred and as such person or persons were and shall be under full to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70546

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 1 1895
4. Place of Birth, (Street and Number) Boyle Street No. 1534
5. Full Name of Mother, Kate Crotes
6. Mother's Maiden Name, Kate Ewer
7. Mother's Birthplace, Waterford Ireland
8. Full Name of Father, Richard H Crotes
9. Father's Occupation, Laborer
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs Cornelius Allen

Address, 1407 Nicholson Street

Remarks,

8 9 5 0 0 0 7 8 5 3

months, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born, and shall be signed by the parents, the date and place of birth; and the name (if any) and residence of the practitioner in the form of a certificate between the first and second day of each month to the office of the Commissioner of Health. In cases where no other person be in attendance upon the mother, immediately after the birth of any child, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70547

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 1st 1895
4. Place of Birth, (Street and Number) 318 Eleventh st Waverly
5. Full Name of Mother, Lizzie A Williams
6. Mother's Maiden Name, Naumann
7. Mother's Birthplace, Md
8. Full Name of Father, John Williams
9. Father's Occupation Stone Cutter
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return H Young Wattbook M.D.

Address, 237 Gorsuch ave

Remarks,

8950007854

Month and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the duty of making the return in the manner above provided shall thereafter, if shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70541

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* W Lite
3. *Date of Birth,* Dec 1st 1895
4. *Place of Birth, (Street and Number)* 801 Jefferson Ave Waverly Baltimore
5. *Full Name of Mother,* Florence L. Whittington
6. *Mother's Maiden Name,* " " Rankin
7. *Mother's Birthplace,* Baltimore Co Md
8. *Full Name of Father,* Joseph D Whittington
9. *Father's Occupation* Public School teacher
10. *Father's Birthplace,* Anna Arundle Co Md

Name of Medical Attendant, or other person who makes this Return, R G Rankin M D

Address, 811 Jefferson Ave Waverly

Remarks, City

8950007855

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been born living,) its sex, color, the full name and occupation of its father, the date and place of birth, and the third day of each month, be delivered, duly signed by the practitioner in the form of a certificate herein, to the first and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person so required, and shall forward to the office of the Commissioner of Health. In case the birth of any child any such person, who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 70549

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, *&c.*) 4th

1. *Sex,* (~~*state whether male or*~~ *female*)
2. *Race or Color,* (~~*if not of the*~~ *white* ~~*race*~~)
3. *Date of Birth,* Dec 1st 1895
4. *Place of Birth,* (*Street and Number*) # 2 St Marys Court
5. *Full Name of Mother,* Mary Levi
6. *Mother's Maiden Name,* " Jarinski
7. *Mother's Birthplace,* Austria
8. *Full Name of Father.* Max Levi
9. *Father's Occupation,* Shoemaker
10. *Father's Birthplace,* Austria

Name of Medical Attendant, or other Person who makes this Return Pearce Kintzing M.D.

Address, 601 W Franklin St

Remarks, L O P.

8 9 5 0 0 0 7 8 5 6

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 70550

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 1 December
4. Place of Birth, (Street and Number) Thames Str. 1720
5. Full Name of Mother, Carolina Kiztiki
6. Mother's Maiden Name, Krzystowska
7. Mother's Birthplace, Pole
8. Full Name of Father, Addie Kiztiki
9. Father's Occupation Work-man
10. Father's Birthplace, Pole

Name of Medical Attendant, or other person who makes this Return, South Bond Str. 838

Address, Mary Roth

Remarks,

8950007857

month and shall set forth as far as the same can be ascertained the full name of each child, (if single, or twin, or triplets, as the case may be, shall be so stated,) the date and place of each birth, and the sex, color, and full name and occupation of the parents, the date and place of their marriage, (if married,) and the birth-place of the mother, in the form of a certificate of birth, and the same shall be duly signed by the attendant, or other person who shall have charge of the case, in the manner required, and held schedule shall be delivery month to the officer or practioner of medicine, or other person, who shall have charge of the case, in the third day of each month the attendance of a physicianer, is shall manner and within the time required, and shall once upon the mother, commissioner of Health, to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70551

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 11 95
4. Place of Birth, (Street and Number) Alicanna st 1832
5. Full Name of Mother, Juley Zajic
6. Mother's Maiden Name,
7. Mother's Birthplace, Bohemian
8. Full Name of Father, Frank Zajic
9. Father's Occupation Labor
10. Father's Birthplace, Bohemian

Name of Medical Attendant, or other person who makes this Return, Harry Shapiro

Address, N Washington st 20

Remarks,

8 9 5 0 0 0 7 8 5 8

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth of the child, the said schedule shall be delivered, duly signed by the attendant, to the proper Registrar of Vital Statistics, within twenty-four hours after the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period prescribed, and any such person or persons who shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 70552

To the Office of Registrar of Vital Statistics, Board of Health;

BALTIMORE CITY.

No. of Child of Mother, (*state whether* 1st, ~~2d, 3d, &c.~~)

1. *Sex*, (~~*state whether male or*~~ *female*)
2. *Race or Color*, (~~*if not of the*~~ *white* ~~*race*~~)
3. *Date of Birth*, Dec 1st 1895
4. *Place of Birth*, (*Street and Number*) 630 W Franklin.
5. *Full Name of Mother*, Myrtle Smith
6. *Mother's Maiden Name*, Boor.
7. *Mother's Birthplace*, Centerville Penna
8. *Full Name of Father*, ~~Francis~~ H. E. Smith
9. *Father's Occupation*, Student
10. *Father's Birthplace*, Bedford Penna

Name of Medical Attendant, or other Person who makes this Return Pearce Kintzing MD

Address, 424 N Greene St

Remarks,

8 9 5 0 0 0 7 8 5 9

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 70558

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Gilbert Lloyd Heiderman

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, December 2nd 1895
4. Place of Birth, (Street and Number) 649 N. Conway St.
5. Full Name of Mother, Margaret Heiderman
6. Mother's Maiden Name, (~~Smith~~) Lloyd
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Geo. A. Heiderman
9. Father's Occupation, Coal & Wood Dealer
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. H. J. Carrick M.D.

Address, 1204 Madison Ave

Remarks, Formerly 1316 Myrtle Ave.

8950007860

months, are and set down as far as the same can be ascertained, the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each month, or, if no such birth shall occur in any month, then within the first three days thereafter, without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and have with the same, if any, the name of the person who shall have delivered the child, or who shall have attended at the birth, subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 70554

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 1895
4. *Place of Birth, (Street and Number)* 1131 Light st
5. *Full Name of Mother,* Madeline Gude
6. *Mother's Maiden Name,* " Sanders
7. *Mother's Birthplace,* Italy
8. *Full Name of Father,* Michael Cassidy
9. *Father's Occupation* Sailor
10. *Father's Birthplace,* Italy

Name of Medical Attendant, or other person who makes this Return, Mrs S A Brooks

Address, 1828 Light st

Remarks, Born Well

8 9 5 0 0 0 7 8 6 1

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the first of every month shall occur without the attendance of a physician or person duly authorized to act as a midwife, or should no other person be in attendance who shall immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above prescribed, and any such person or persons who shall hereafter fail to report such birth in the manner and within the period above prescribed, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70555

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Nov. 2d 1895
4. Place of Birth, (Street and Number) 1026 James Alley
5. Full Name of Mother, Minnie Noll
6. Mother's Maiden Name, Pletz
7. Mother's Birthplace, Balto
8. Full Name of Father, Jacob Noll
9. Father's Occupation, Teamster
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Wm Gosnell M.D.

Address, 837 W. Fayette St.

Remarks, Placenta praevia

8 4 5 0 0 0 7 8 6 2

Wm J. C. Dulany Co., City Printers and Stationers.

ech collected) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said return shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, then the mother shall be the person to make the return of such birth, and it shall be the duty of any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70556

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 2. Dec
4. *Place of Birth, (Street and Number)* 322. Stockholm St
5. *Full Name of Mother,* Mary Strudtman
6. *Mother's Maiden Name,* Lowry.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Jos. Strudtman
9. *Father's Occupation* Glass Blower.
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Bange

Address, 711 St. Cross St. Balt. Md

Remarks,

8 7 5 0 0 0 7 8 6 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70557

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 2nd.

1. *Sex*, (*state whether male or female*) Male
2. *Race or Color*, (*if not of the white race*) White
3. *Date of Birth*, December 2nd. 95
4. *Place of Birth*, (*Street and Number*) 2007 W. Pratt St.
5. *Full Name of Mother*, Louisa Rehling
6. *Mother's Maiden Name*, Louisa Berkley
7. *Mother's Birthplace*, Baltimore Md.
8. *Full Name of Father*, Herman A. Rehling
9. *Father's Occupation* Merchant
10. *Father's Birthplace*, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Drury C. Okie M.D.

Address, 1203 W. Fayette St.

Remarks,

8 9 5 0 0 0 7 8 6 4

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the name of the physician or midwife, if any, present at the birth; and if no such person be present, or if a difficult between the first and second child shall be delivered, duly signed by the practitioner in charge, or in default thereof by the parents, it shall be the duty of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall be the duty of the parents, or person in charge of such child, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70558

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) 2 Child.

1. *Sex,* (*state whether male or female*) Female.
2. *Race or Color,* (*if not of the white race*) White race
3. *Date of Birth,* 2 of December 1895.
4. *Place of Birth,* (*Street and Number*) No 706 Druid Hill ave
5. *Full Name of Mother,* Anna Jones
6. *Mother's Maiden Name,* Anna Hoffman
7. *Mother's Birthplace,* in Baltimore
8. *Full Name of Father,* William Jones
9. *Father's Occupation,* a Laborer
10. *Father's Birthplace,* in Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address, Midwife Theresia Geller Druid hill ave

Remarks,

8 7 5 0 0 0 7 8 6 5

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth and the number of the child in the family, and the name of the attendant or other person who makes the return, in the form of a certificate between the hours of ten and two o'clock, daily, except Sundays, at the office of the Commissioner of Health. In case of twins, triplets, etc., the said schedule shall be delivered, daily as above, for each child born. In case of stillbirth, no other person be in attendance upon the mother, immediately thereafter, shall be required to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70559

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2nd December
4. Place of Birth, (Street and Number) 616 Scott St
5. Full Name of Mother, Julia Lidonia Arnold
6. Mother's Maiden Name, " " Lank
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Geo. H. Arnold
9. Father's Occupation, Clock Maker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks.

8950007866

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 705-60

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* December 2nd 1895
4. *Place of Birth, (Street and Number)* #925 Park Ave. Rear End
5. *Full Name of Mother,*
6. *Mother's Maiden Name,* Lizzie Neal
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* John Black
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Louisa Stanford

Address, 104 N York St

Remarks,

8950007867

Wm J. C. Dulany Co., City Printers and Stationers.

and schedule shall be delivered, duly signed by the midwife, to the person or in the house in which the child was born, the date and place of birth; and the third day of each and every month to the office of the commissioner of health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be able to report the birth, the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report the birth to the commissioner of health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76561

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 2 1895
4. *Place of Birth, (Street and Number)* Baltimore Md. 220 N. Pepper
5. *Full Name of Mother,* Alice E. Richards
6. *Mother's Maiden Name,* Alice E. Lewis
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Charles R. Richards
9. *Father's Occupation* Waterman
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Susan Hunter

Address, 23 N. Pepper St

Remarks, 8950007868

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the name of each child, (if any shall have been born before,) shall be delivered, duly signed by the practitioner in the form of a certificate between the first and tenth days of each month, to the Registrar of Vital Statistics of the City of Baltimore; in case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person who shall neglect or refuse to comply with the provisions of this section shall be subject to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70562

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* December 21 1895
4. *Place of Birth, (Street and Number)* 725 Pierce Street
5. *Full Name of Mother,* Currie Scott
6. *Mother's Maiden Name,* Currie Ringgold
7. *Mother's Birthplace,* Kent County
8. *Full Name of Father,* Fred Scott
9. *Father's Occupation* Laboring
10. *Father's Birthplace,* Kent County.

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8 9 5 0 0 0 7 8 6 9

Wm. J. C. Dulany Co., City Printers and Stationers.

No child shall be registered unless the full name of the same can be ascertained, nor unless the full name of each child (if any shall have been collected) shall be delivered, duly signed by the practitioner in the form of a certificate between the first and tenth day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall be the duty of the person or parents of each child, or other person in charge of the mother, to give the notice required by this section, and in the absence of such attendance upon the mother, immediately after the birth, to report the birth to the Commissioner of Health, in the manner and within the period above required, and claim his fee therefor; and any such practitioner, or other person, who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70563

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 12/2/95
4. *Place of Birth, (Street and Number)* 1562 Bunner
5. *Full Name of Mother,* Annie Schmidt
6. *Mother's Maiden Name,* Bök
7. *Mother's Birthplace,* Galacia
8. *Full Name of Father,* Jacob Schmidt
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Galacia

Name of Medical Attendant, or other person who makes this Return. E. D. Ellis M.D.

Address,

Remarks,

8 9 5 0 0 0 7 8 7 0

been conferred) his sex, color, the full name and occupation of his parents, the date and place of his birth, and the number of children, if any, of which his mother is the parent, and shall have said schedule shall be delivered, duly signed, to the officer of the Board of Health, who shall have blank forms of such schedules for every ward in his district, and shall deliver one of such schedules to each person who shall be in charge of such child, or shall be in attendance as a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

GIVEN NAME ADDED 6-21-54

RETURN OF A BIRTH. 70564

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Margaret Christina Roemer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth. December 2nd 1895
4. Place of Birth. (Street and Number) 1869 N. Gay St.
5. Full Name of Mother, Maggie Roemer
6. Mother's Maiden Name, Fischer
7. Mother's Birthplace, Germany
8. Full Name of Father, Conrad Roemer
9. Father's Occupation. Saloon Keeper
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Wilhelmina Schmidt

Address, # 7 Irvine Bank Lane

Remarks, None

675 0007871

Every midwife, or other person who shall attend at the birth of any child, shall within twenty-four hours after such birth, give to the parents, the date and place of birth, and shall have such certificate delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month in the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon such birth, the parents of such child shall within the period above required, and such child or parent shall report such birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70565

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 2d 1895
4. *Place of Birth, (Street and Number)* 1164 Cleveland st
5. *Full Name of Mother,* Christine Herget
6. *Mother's Maiden Name,* Christine Sauer
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Charles Herget
9. *Father's Occupation,* Machinist
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Alfred M. Belt, M.D.

Address, 1031 Cathedral st

Remarks,

8950007872

Monk s. m. shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and surname of the mother, date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, within the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, the parent or parents of such child shall be required to report its birth to the Commissioner of Health, in the manner and within the period above prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

1897 J. C. BULAMY CO CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 70566

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 2 Dec 1895
4. *Place of Birth, (Street and Number)* 228 Leigh
5. *Full Name of Mother,* Anna Mozelefsky
6. *Mother's Maiden Name,* Ritast
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Max Mozelefsky
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. E. Sherman

Address, 42 Albemarle St.

Remarks,

8 9 5 0 0 0 7 8 7 3

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, upon the request of the attending physician or other person, to the said Registrar of Vital Statistics, or shall be mailed to the office of the Commissioner of Health. In case of twins or triplets or more children at one birth, the said schedule shall be in the form of a certificate between the first and second children, and shall be signed by the physician or other person in charge of the case. In case of twins or triplets or more children at one birth, the said schedule shall be in the form of a certificate between the first and second children, and shall be signed by the physician or practioner of the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

been conferred) the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the physician or midwife, in attendance at the birth of any child, the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child (or parent, if an adult) to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70567

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 2 of December 1895
4. *Place of Birth, (Street and Number)* 807 Pensylvanya ave.
5. *Full Name of Mother,* Mary Varhol
6. *Mother's Maiden Name,* Mary Miko
7. *Mother's Birthplace,* Hithars Ungarn
8. *Full Name of Father,* John Varhol
9. *Father's Occupation* Shoe maker
10. *Father's Birthplace,* Hithars Ungarn

Name of Medical Attendant, or other person who makes this Return, Lucie Svatora

Address, 1010 Durham st

Remarks.

8 9 5 0 0 0 7 8 7 4

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 70568

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (State whether male or female)*	Female
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Dec 2nd 95
4. *Place of Birth, (Street and Number)*	1432 Anthony st
5. *Full Name of Mother,*	Mary Hroutne
6. *Mother's Maiden Name,*	Mary Svamek
7. *Mother's Birthplace,*	Bohemia
8. *Full Name of Father,*	Wm Hroutne
9. *Father's Occupation,*	Grad cutter
10. *Father's Birthplace,*	Bohemia
Name of Medical Attendant, or other person who makes this Return.	Chas. B. Layne Jr
Address,	920 N Broadway
Remarks,	

8950007875

been murdered, the sex, color, the full name and occupation of its parents, the date and place of birth, and the name of each child, if any shall have been born before, shall be delivered daily by midwives or other persons who shall have charge of the same, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, by letter or in person, with the particulars required and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70569

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* December 3rd '95
4. *Place of Birth, (Street and Number)* 710 N. Fulton Ave.
5. *Full Name of Mother,* Julia Matte
6. *Mother's Maiden Name,* " Smith
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John C Matte
9. *Father's Occupation* Wholesale Druggist.
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Thomas Opie M.D.

Address, 219 W. Monument St

Remarks,

8 9 5 0 0 0 7 8 7 6

Wm. T. C. Dulany Co., City Printers and Stationers.

[illegible] (or corrected) in sex, color, [illegible] full name as [illegible] parents, the date and place of birth and the [illegible] said schedule [illegible] and place of birth and the [illegible] third day of each month be delivered, duly signed by the physician or midwife, to the Commissioner of Health, and be shall occur without the city limits, the form of a certificate between the parties, and be [illegible] shall be every month to the office of the Commissioner of Health, in case the birth of any child [illegible] dence upon the mother, issued by the physician or practitioner of midwifery. And in case the birth of any child [illegible] shall occur in any other place than in the city of Baltimore, no other person be in [illegible] any such person shall neglect to give notice of such birth to the Commissioner of Health, in manner and within the period required, and [illegible] who shall hereafter fail to comply with the provisions of this section shall be, and [illegible] jected to the fine of ten (10) dollars for each offence, to be recovered as other debts and forfeitures are recoverable.

RETURN OF A BIRTH. 70570

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, December 4th 9 1895
4. Place of Birth, (Street and Number) Rain st 191
5. Full Name of Mother, Mary Finkney
6. Mother's Maiden Name, Mary Sankford
7. Mother's Birthplace Baltimore
8. Full Name of Father. eliek Finkney
9. Father's Occupation labour
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Farrah Fane Hoimes

Address, 124 west Fluey st

Remarks, full 9 months

6950007877

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the name of the attendant, duly signed by the practitioner in the form of a certificate, if there be one, or if not, then by the first and said schedule shall be delivered every month to the office of the Commissioner of Health, or should no other person be in third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately on the birth of the child, the person shall be required to report such birth, with or without the attendance of a physician or midwife. It shall become the duty of the person or persons, or such person or persons upon the mother, immediately on the birth of the child, to report such birth, in the manner and within the time specified in this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70571

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* W Lite
3. *Date of Birth,* Dec. 3d 1895
4. *Place of Birth, (Street and Number)* 410 Waverly Ave Annex
5. *Full Name of Mother,* Mary B. Sinclair
6. *Mother's Maiden Name,* " " Lecker
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wallace W Sinclair
9. *Father's Occupation* Linner
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. R G Ranvein MD

Address, 811 Jefferson Ave Waverly

Remarks, City

8 9 5 0 0 0 7 8 7 8

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, to be kept in a book of record, which office shall be open for the inspection of the public at all times; or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color; the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed, by the attendant, to the person or persons in charge of said house, or to such person or persons who may be the nearest relatives of the child. In case the birth of any child shall occur without this attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in writing, and within twenty-four hours thereafter, and any person who shall fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70572

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec. 3rd 1895
4. *Place of Birth, (Street and Number)* #12 Gutman Ave Annex
5. *Full Name of Mother,* Susan Deehring
6. *Mother's Maiden Name,* " Gluck
7. *Mother's Birthplace,* Baltimore Co Md
8. *Full Name of Father,* William H. Deehring
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, R G Rankin MD

Address, 811 Jefferson Ave Waverly

Remarks, city

8950007879

Wm. J. C. Dulany Co., City Printers and Stationers.

70573

RETURN OF A BIRTH.

he Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

d of Mother, (state whether 1st, 2d, 3d, &c.) Tenth Child

te whether male or female) Female

Color, (if not of the white race) White

Birth, December 3 th

Birth, (Street and Number) Marquette St No 6

me of Mother, Sarah Jane Barney

Maiden Name, Sarah Jane Bofinger

Birthplace, Baltimore Md

me of Father, Edward Victor

Occupation Bristle Worker

Birthplace, Baltimore Md

Medical Attendant, or other person who makes this Return. Mrs Ruth Bittner

No 8th Lance St

8 4 5 0 0 0 7 8 8 0

Printers and Stationers.

RETURN OF A BIRTH. 70574

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 5th 1895
4. *Place of Birth, (Street and Number)* #12 Bartlet Ave Annex
5. *Full Name of Mother,* Catherine A. McHugh
6. *Mother's Maiden Name,* " " Coffey
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* John McHugh
9. *Father's Occupation* Policeman
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return. R. G. Rankin M D

Address, #811 Jefferson Ave Waverly

Remarks. City

1 8 9 5 0 0 0 7 8 8 1

been conferred) its sex, color, the full name and occupation of its parents, and the date and place of birth; and the said schedule shall be delivered, duly signed by the attendant or other person who makes the return, to the registrar of the third day of each and every month to the office of the Commissioner of Health; in case the first and attendant upon a mother in her confinement or of the birth of any child shall be neither a physician nor a midwife, or should no other person be in attendance upon a mother in her confinement or of the birth of any child, the person in charge of such child to report its birth to the Commissioner of Health, who shall become the duty of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 705 95

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* December 3d 1895
4. *Place of Birth, (Street and Number)* 834 West Pratt St
5. *Full Name of Mother,* Mrs Mary McGeren
6. *Mother's Maiden Name,* Mary O'Brien
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Joseph T McGeren
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return Susan V Hunter

Address, 23 N Appleton St

Remarks,

8 9 5 0 0 0 7 8 8 2

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70576

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 1st

1. *Sex*, (*state whether male or female*) Female
2. *Race or Color*, (*if not of the white race*) Negro
3. *Date of Birth*, 12-3-95
4. *Place of Birth*, (*Street and Number*) 21 E. Lee St
5. *Full Name of Mother*, Cora Banks
6. *Mother's Maiden Name*, Cora Banks
7. *Mother's Birthplace*, Philadelphia Pa
8. *Full Name of Father*, John Hollis
9. *Father's Occupation* Oyster shucker
10. *Father's Birthplace*, Lockwood Md

Name of Medical Attendant, or other person who makes this Return, Clara Fallert Mid Eutaw St.

Address, 614 S Charles Pa Evening Dispensary

Remarks, Foetus very small, probably syphilitic

8950007883

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70577

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 3 Dec 1895
4. *Place of Birth, (Street and Number)* 884 E. Pratt St.
5. *Full Name of Mother,* Eva Fleischmann
6. *Mother's Maiden Name,* Kiarstesz
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Harry Fleischmann
9. *Father's Occupation* Rubsia
10. *Father's Birthplace,* (9) Poler in coal

Name of Medical Attendant, or other person who makes this Return, L. Fleischman

Address, 42 Albemarle St.

Remarks,

8 9 5 0 0 0 7 8 8 4

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be [illegible] the facts contained in section 1, 2, 3, 4, 5 of this section, the name of each child (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall be the duty of the person or persons in attendance, or in default thereof, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70578

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 9 – 95
4. *Ptace of Birth, (Street and Number)* 1044 Pennsylvania Ave
5. *Full Name of Mother,* Annie Ruppert
6. *Mother's Maiden Name,* " Schubert
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John V. Ruppert
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Wm. A. B. Stillman. M. D.

Address, 5 East Biddle St.

Remarks,

8 9 5 0 0 0 7 8 8 5

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70579

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 4 of Dec 1875
4. *Place of Birth, (Street and Number)* Baltimore Md No 220 Parkin St
5. *Full Name of Mother,* Catherine Lastowski
6. *Mother's Maiden Name,* " Kleszogustka
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Peter Lastowski
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Molly Fraring

Address, 411 S Stricker St

Remarks, Mother and Child are doing well.

8950007885

Wm. J. C. Dulany Co., City Printers and Stationers

SEC. 1. Be it ordained by the Mayor and City Council of Baltimore, That the name and occupation of its parents, the date and place of birth, and the sex of every child born within the City of Baltimore, shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of such delivery, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the parent or other person in charge or attendance upon the mother, immediately thereafter it shall become the duty of such parent or person to report the birth to the Commissioner of Health, in the manner and within the period above prescribed, and any such person who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70580

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Edna Lillie Boyer

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 4th 1895
4. *Place of Birth, (Street and Number)* 1507 N. Washington St
5. *Full Name of Mother,* Lillie Boyer
6. *Mother's Maiden Name,* Lillie Widmier
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* David Boyer
9. *Father's Occupation* Barber
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Bruna

Address, 16 vo Ol. Chester St

Remarks, CHECK NAME ADDED. 4-22-53 Balto

L.M.

8 9 5 0 0 0 7 8 8 7

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70581

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 4th 1895
4. Place of Birth, (Street and Number) No 234 Barney St
5. Full Name of Mother, Anna Hauseworth
6. Mother's Maiden Name, Anna Clarke
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John H. Hauseworth
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Catherine Hornung

Address, No 1547 Byrd St

Remarks,

8950007888

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] sex, color the full name and occupation of its parents, the date and place of birth; and the [illegible] shall be delivered, duly signed, at the office of the Commissioner of Health, in the manner and [illegible] schedule shall be delivered, duly signed by the practitioner in the office of the Commissioner of Health. In case the birth is attended by a midwife, a certificate between the first and third day of each and every month, or if no such attendance or a physician, or midwife, or other person or parents of such child shall occur within the month, immediately thereafter, in the manner and in the form prescribed by the Board of Health, in the manner and in the form prescribed by the Board of Health, in the manner and in the provisions of this section, be recoverable, attendance upon the birth to the Commissioner of Health, within the period above required, and shall occur without the city, immediately thereafter, in the manner and in the provisions of this section, be recoverable, attendance upon the birth to the Commissioner hereafter fail to comply with the provisions of this section, be recovered as other fines and forfeitures are recoverable, and such person or persons who shall hereafter fail to comply with the provisions of this section, be recoverable, subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Over

RETURN OF A BIRTH. 70582

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 4th 1895
4. *Place of Birth, (Street and Number)* # 2125 Charles St
5. *Full Name of Mother,* Emma Parks
6. *Mother's Maiden Name,* Emma Smith
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Benjamin Parks
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Chas E A Brooks

Address, # 1828 Eight St

Remarks, Doing well

Full name of child - Albert R. Parks

8950078 89

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70583

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12

1. Sex, (state whether male ~~or female~~) Male
2. Race or Color, (~~if not of the white race~~) Colored
3. Date of Birth, Dec 4th-1895 still born at 8 oclock a.m.
4. Place of Birth, (Street and Number) 1736 Ashland ave
5. Full Name of Mother, Julian A. Jones
6. Mother's Maiden Name, – – – Hurdel
7. Mother's Birthplace, North Thumbling Co. Va
8. Full Name of Father, Lorenza Jones
9. Father's Occupation, Hod carrier
10. Father's Birthplace, North Carlinia

Name of Medical Attendant, or other person who makes this Return. Josephine Cooper

Address, 921 Shuter

Remarks, Mother is getting nicely child 7 months

Baltimore, Md 1890

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth: and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

CERTIFICATE CORRECTED 9-13-49 GIVEN NAME ADDED 9-13-49

RETURN OF A BIRTH. 70584

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Thomas Nelson Burton

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or ~~female~~) male

2. Race or Color, (if not of the white race) White

3. Date of Birth, December 4th 95

4. Place of Birth. (Street and Number) 1323 Hanover

5. Full Name of Mother, ~~Sarah Buckston~~ Jessie Baldwin

6. Mother's Maiden Name, " Baldwin

7. Mother's Birthplace, Howard Co Md

8. Full Name of Father, ~~Wm Buckston~~ George A Burton

9. Father's Occupation Fireman B&O R R

10. Father's Birthplace, Howard Co

Name of Medical Attendant, or other person who makes this Return, Norman F Hill MD

Address, 1401 W Fayette

Remarks,

6 9 5 0 0 0 7 8 9 1

mon[illegible], and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70585

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 5/1895
4. Place of Birth, (Street and Number) 211 N. Schroeder St.
5. Full Name of Mother, Emma Hardesty
6. Mother's Maiden Name, Mart
7. Mother's Birthplace, Balto
8. Full Name of Father, Richard Hardesty
9. Father's Occupation Salesman
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, J. Norwood

Address, 39 Hayward St.

Remarks,

8 7 5 0 0 0 7 8 9 2

been conferred.) Its sex, color, the full name and occupation of its parents, the date and place of birth; and the date of such marriage, duly signed by the practitioner in the form of a certificate between the first and second days of each and every month to the office of the Commissioner of Health. No other person be in attendance upon the mother, immediately after the birth of any child, and no other person shall occur without the attendance of a physician or practitioner, shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall thereafter fail to comply with the provisions of this section, shall be, and are hereby made subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 76586

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name - James Le. O'Conner

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 5th of Dec 1895
4. *Place of Birth, (Street and Number)* Baltimore Md No 202 Nivis Alley
5. *Full Name of Mother,* Maggie O Conner
6. *Mother's Maiden Name,* Tripp
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Daniel O Conner
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mrs Mary Running

Address, 114 S. Stricker St.

Remarks, Mother and Child are doing well.

8 7 5 0 0 0 7 8 9 3

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said scheduling shall be delivered, duly signed by the Practitioner in the form of a certificate between the first and third day of each and every month of the calendar year, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a Practitioner or midwife, the mother or other person who has the attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section, shall be subjected to the penalty of fifty dollars for each offence, to be recovered in other suits and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred), his sex, color, the full name and occupation of his parents, the date and place of birth and the number of children born to the mother, including the child born last, and the number of living children, which said schedule shall be delivered, duly signed by the practitioner in the form of certificate herein provided, on the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance who is authorized by law, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in manner and with the records above prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70587

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec. 5. 95
4. *Place of Birth, (Street and Number)* 1616 N. Broadway
5. *Full Name of Mother,* Hannah Nell
6. *Mother's Maiden Name,* " Hanna
7. *Mother's Birthplace,* Balt. Md.
8. *Fult Name of Father,* William Nell
9. *Father's Occupation* Merchant Tailor
10. *Father's Birthplace,* Balt. Md.

Name of Medical Attendant, or other person who makes this Return, Geo A Hartman M.D.

Address, 1121 N Eutaw St

Remarks,

8 9 5 0 0 0 7 8 9 4

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70588

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 5 1895
4. *Place of Birth, (Street and Number)* Baltimore No 31 East York St
5. *Full Name of Mother,* Mary ~~Daugherty~~ Kane
6. *Mother's Maiden Name,* Mary Daugherty
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Patrick Kane
9. *Father's Occupation* Laborer East
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Ann Dayton

Address, No 41 Fairford Alley

Remarks, None

U 950 07895

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70589

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1\. *Sex, (state whether male or female)* Male

2\. *Race or Color, (if not of the white race)* White

3\. *Date of Birth,* December 5th 1895

4\. *Place of Birth, (Street and Number)* 1925 East Biddle Street

5\. *Full Name of Mother,* Mary Moore

6\. *Mother's Maiden Name,* Mary Gartner

7\. *Mother's Birthplace,* Germany

8\. *Full Name of Father,* William J Moore

9\. *Father's Occupation* Iron Moulder

10\. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Geo W Dobbin Ast

Address, The Johns Hopkins Hospital.

Remarks,

8950007896

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70590

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 12/5/95
4. *Place of Birth, (Street and Number)* 114 W Lexington
5. *Full Name of Mother,* Pearl Nacy
6. *Mother's Maiden Name,* Dodd
7. *Mother's Birthplace,* Easton Pa
8. *Full Name of Father,* Albert Nacy
9. *Father's Occupation* Teamster
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return, E. D. Ellis MD

Address,

Remarks,

8 9 5 0 0 0 7 8 9 7

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the name and residence of the person who shall have charge of the child, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, Baltimore City, of every child that shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be and are hereby subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 70591

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 3rd – 1895

4. Place of Birth, (Street and Number) 1817 Eighth St

5. Full Name of Mother, Mary E Delles

6. Mother's Maiden Name, Mary E Jones

7. Mother's Birthplace, Baltimore

8. Full Name of Father, William E Delles

9. Father's Occupation Carpenter

10. Father's Birthplace, Talbot Co. Md

Name of Medical Attendant, or other person who makes this Return, Mrs E A Brooks

Address, #1828 Eighth St

Remarks, Doing well

8950 07898

shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents the date and place of birth; and the said schedule shall be delivered, duly signed, to the attendant, who shall be a physician or practitioner in the form of a certificate between the first and the tenth days of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons in such case to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70592

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White Race
3. Date of Birth, 18th December 5th
4. Place of Birth, (Street and Number) 719 Mount St.
5. Full Name of Mother, Jenny Schneider
6. Mother's Maiden Name, Jenny Lupp
7. Mother's Birthplace, Austria
8. Full Name of Father, Anthony Schneider
9. Father's Occupation Manager of Factory
10. Father's Birthplace, Austria

Name of Medical Attendant, or other person who makes this Return Susan Hunter

Address, 23 N Appleton St.

Remarks,

8 9 5 0 0 0 7 3 9 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70593

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Dec. 3 — 1895
4. *Place of Birth, (Street and Number)* 374 N. Preston St.
5. *Full Name of Mother,* Carrie Douglas
6. *Mother's Maiden Name,* Carrie Baker
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Fred Douglas
9. *Father's Occupation* Waiter
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return. L. A. Dursy

Address, 838 N. Eutaw St

Remarks,

8 7 5 0 0 0 7 9 0 0

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70594

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, December 5 1895
4. Place of Birth, (Street and Number) 1725 N. McCulloh st
5. Full Name of Mother, Ginny Ann Burrows
6. Mother's Maiden Name, Ginny Ann Walker
7. Mother's Birthplace, Dorchester Co. Md.
8. Full Name of Father, Thomas Walker
9. Father's Occupation Labor
10. Father's Birthplace, Anna, Randel Co. Md.

Name of Medical Attendant, or other person who makes this Return, Susan Hooper

Address, 123 N. Durham Street

Remarks, No Remarks, but doing well

8950007901

Wm. J. C. Dulany Co., City Printers and Stationers.

[redacted] 6-4-52

70595

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Carrie Sachs

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 6th 1895
4. Place of Birth, (Street and Number) 1825 Division St
5. Full Name of Mother, Rose Sachs
6. Mother's Maiden Name, Rose Hauslinger
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry Sachs
9. Father's Occupation Clerk
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Joseph Blum

Address, Dr. Hauslinger

Remarks,

8950007902

Wm. J. C. Dulany Co., City Printers and Stationers.

Each birth as shall set forth as far as the same can be ascertained the full name of each child, if any shall be born living, the sex, the race or color, the date and place of birth, and the full name and occupation of its parents, or a certificate be forwarded to the Registrar of Vitals, and the name of the attending physician or other person who shall have been concerned in the birth of any child born living, or in the case of a stillborn child, and no other person be in said schedule which and every month of a physician or it shall become the duty of the person or persons in charge of any lying-in hospital or institution, or any other person who shall have been concerned in the birth of any child, within the period of three days, or without the attendance of a physician or midwifery, of the person or persons in charge of any lying-in hospital or institution, or any other person who shall have been concerned in the birth of any child, in the manner and within the provisions of this section shall be immediately thereafter to report to the Commissioner of Health, in the manner and within the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70596

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Dec. 4th 1895
4. *Place of Birth, (Street and Number)* No. 114 Millington Ave
5. *Full Name of Mother,* Wilhelmina Siegner
6. *Mother's Maiden Name,* Wilhelmina Fiss
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Siegner
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8 9 5 0 0 0 7 9 0 3

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth, and the maiden name of the mother, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall be the duty of the parent or person in charge of such child to report to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70597

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 6 of November
4. Place of Birth, (Street and Number) No 718 Hope st
5. Full Name of Mother, Mary Siedenstricker
6. Mother's Maiden Name, Donnelly
7. Mother's Birthplace, Balto
8. Full Name of Father, Dr. C. Siedenstricker
9. Father's Occupation, Driver
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Wm L. Gross

Address, 1907 E. Lexington St.

Remarks,

8950007904

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) Its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed, to the Office of the Commissioner of Health, in case it be known, in the first and third day of each and every month, or to a physician or practitioner on the day of the person or parents, and shall occur without the intervention of a physician or practitioner, in the manner and within the period aforesaid, and attendance upon the birth is to the Commissioner for fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 705-98

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 6th 98
4. Place of Birth, (Street and Number) 1293 Williams St
5. Full Name of Mother, Kate Turner
6. Mother's Maiden Name, Kate Karsh
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George Turner
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs E A Brooks

Address, #1828 Eight St

Remarks, Doing well

8950007905

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] or part as the same can be ascertained the full name of each child, (if any shall have been born alive,) its sex, color, the full name and occupation of its father, the date and place of each birth and the name and maiden name, occupation of its mother, the place of birth of any child said child shall be delivered, duly to the office of the registrar of vital statistics, Board of Health, in the City of Baltimore, within the space of twelve days after the birth of any child, and the said day of each and every birth, the person or persons who shall become and within the period of twelve days required, and shall occur without the mother, immediately upon the birth of any child, to report the same to the Board of Health, in the City, with the provision, in regard to the attendance upon the birth to the Board hereafter fail to be recovered as other fines and forfeitures are recoverable. Any person or persons who shall hereafter fail to report the birth of any child, or shall be guilty of any violation of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70599

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Colored

3. Date of Birth, 6 th.

4. Place of Birth, (Street and Number) 125 h Dallas St.

5. Full Name of Mother, Emma Laura Young.

6. Mother's Maiden Name, Emma Young

7. Mother's Birthplace, Balto.

8. Fult Name of Father, Edward P Young

9. Father's Occupation Steward

10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Susan Hooper

Address, 123 h. Durham St

Remarks, Go along doing well

8750007906

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN BAME ADDED, 4-10-69

RETURN OF A BIRTH. 70600

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Townsend Scott

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, December 6th 1875.
4. Place of Birth, (Street and Number) 2103 Park St.
5. Full Name of Mother, Helen Evans Scott.
6. Mother's Maiden Name, Helen Evans.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Townsend Scott
9. Father's Occupation. Stock Broker.
10. Father's Birthplace, Philadelphia.

Name of Medical Attendant, or other person who makes this Return. Robt W. Wilson.

Address, 814 & 820 Park Ave.

Remarks, 8 4 5 0 0 0 7 9 0 7

been conferred in the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the office of the Commissioner of Health. In case no other person be in attendance at the birth, the person who shall become the mother of any child shall be deemed the attendant, and shall make the return required by this section, and if she shall be unable to do so, the child to report the birth to the Commissioner of Health, in the manner and in the provisions of this section mentioned, and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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RETURN OF A BIRTH. 70601

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 6th. 1895
4. Place of Birth, (Street and Number) Vonder Horsts Alley
5. Full Name of Mother, Margaretha Schneider
6. Mother's Maiden Name, Stechman
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Philipp Schneider
9. Father's Occupation, Driver
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Wilhelmine Schmidt

Address, # 7 Mine Bank Lane

Remarks, none

8 4 5 0 0 0 7 9 0 8

Wm J C. Dulany Co., City Printers and Stationers.

[illegible] shall be delivered, duly signed by the practitioner in the form of a certificate [illegible] and the [illegible] the place of birth, the sex, the date of birth, the first and third day of each and every month, the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parent required and obliged to report its birth to the Commissioner of Health, in the manner and within the period prescribed and any such person or persons as shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70602

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Dec. 6/95
4. *Place of Birth, (Street and Number)* 1750 E. Lomb. St.
5. *Full Name of Mother,* Sophia J. Hofmeister
6. *Mother's Maiden Name,* " " Hofmeister
7. *Mother's Birthplace,* Bavaria
8. *Full Name of Father,* Chas. F. Hofmeister
9. *Father's Occupation* Paint Dealer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, R. W. Mansfield M.D.

Address, 129 S. Broadway

Remarks, 8950007909

said school age shall be a male or female, the full name and occupation of its parents, the date and place of birth; and the name, age, and residence of the person who shall have delivered, duly signed by the practitioner, or other person who shall have been in attendance, a certificate in the form of a certificate between the parties, and shall report the same to the office of the Commissioner of Health. In case no other person be in attendance than the mother of any child born, it shall be the duty of the person or parents of such child, or in the absence of the parents, the person in whose house such child shall occur without the attendance of a physician or practioner of midwifery, of the person or parents of such child, to report the birth in the manner hereinbefore prescribed, within the period above required, and shall report to the office of the Commissioner of Health, in the manner and within the period above required, the name of any person who shall be in attendance upon the mother of such child, or who shall have been in attendance upon the mother of such child, to report the birth, in the manner hereinbefore prescribed, and any such person who shall hereinbefore be required to report, and who shall neglect or refuse to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70603

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Dec. 6th 1895
4. *Place of Birth, (Street and Number)* 929 E. Pratt st.
5. *Full Name of Mother,* Pauline Goldberg
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Samuel Goldberg
9. *Father's Occupation* Merchant
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return. Mrs. C. Bernstein

Address, 122 S. Exeter st.

Remarks,

8 9 5 U 0 0 7 9 1 0

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH 70604

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Dec 6th 1895.
4. *Place of Birth (Street and Number),* #324 Falls Road
5. *Full Name of Mother,* Angelita Brannan
6. *Mother's Maiden Name,* Lawrence
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Charles H Brannan
9. *Father's Occupation,* Customs Inspector
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return. D S Williams M.D.

Address, 244 Carroll St.

Remarks, Woodberry

8 4 5 8 0 8 7 9 1 1

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ferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each month, to the Commissioner of Health, or other person who is charged by the Commissioner of Health to receive the same; and in case the birth of any child shall occur without the attendance of a physician or midwife, the father or other person who is charged with the duty of the support of such child, or the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other claims and forfeitures are recoverable.

RETURN OF A BIRTH 70605

GIVEN NAME ADDED 12/20/60

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: William Leo Snyder

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 6th 1920
4. *Place of Birth, (Street and Number)* 1114 Clifton Place Balto
5. *Full Name of Mother,* Catherine Snyder
6. *Mother's Maiden Name,* Catherine Linard
7. *Mother's Birthplace,* Black Rock Co
8. *Full Name of Father,* Joseph Frank Snyder
9. *Father's Occupation,* Engineer
10. *Father's Birthplace,* West Virginia

Name of Medical Attendant, or other person who makes this Return, Mrs. Ca. Sates

Address, 1114 Clifton Place Balto

Remarks,

8950007912

Sec. 1. That the records of births in the City of Baltimore shall be as far as the same can be ascertained the full name of each child, if any shall be conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the third day of each month shall be delivered, duly signed by the attendant or other person, a certificate of birth; and the shall occur without the attendance of a physician or midwife, or should no other person be required, the child dies upon the mother, intend to a physician or practitioner of Health. In case the death of any child any such person is birth to the Commissioner of Health, in the manner and within the period above required, and jected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 70606

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Kathryn Ringgold Nicols

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female,
2. Race or Color, (if not of the white race) W.
3. Date of Birth, Dec. 6. 1895
4. Place of Birth, (Street and Number) 113 E. 25th St,
5. Full Name of Mother, Emily W. Nicols,
6. Mother's Maiden Name, Ringgold,
7. Mother's Birthplace, Chestertown, Md,
8. Full Name of Father, Irvin J. Nicols,
9. Father's Occupation, Travelling Salesman,
10. Father's Birthplace, Kent C. Md,

Name of Medical Attendant, or other person who makes this Return, J. F. Mole M.D.

Address, 1007 W. Fayette

Remarks, Birth name added 8/1/36 by undersigned Corp

Kathryn R. Nicols Dept 3

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days, or within twenty-four hours after the birth of such child, if such child shall be still born, and if the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and such person or persons shall be deemed guilty of a misdemeanor, if they shall fail to comply with the provisions of this section, and shall be liable, upon the conviction thereof, to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 70607

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 6 1895
4. *Place of Birth, (Street and Number)* Cambrise st 2120
5. *Full Name of Mother,* Mary Michal
6. *Mother's Maiden Name,* Bohainer
7. *Mother's Birthplace,* Charles Michal
8. *Full Name of Father,* Labor
9. *Father's Occupation* Bohainer
10. *Father's Birthplace,* Mary Hopital

Name of Medical Attendant, or other person who makes this Return, N Washington st 205

Address,

Remarks,

8 9 5 0 0 0 7 9 1 4

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] of its sex, color, the full name and occupation of its parents, the date and place of birth, and the [illegible] shall be delivered only signed by the practitioner or attendant in the form of a certificate to be used for the birth of any child [illegible] month in the office of the Commissioner of Health. Should no other person be [illegible] of the person or parents of such [illegible] third day of each and every month, in the manner hereinafter prescribed, and within the period of six days after the birth, and [illegible] shall occur without the attendance of a physician, the mother, immediately or the person or parents of such child shall report the birth to the Commissioner of Health, in compliance with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70608

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 414 Barney Street
4. Place of Birth, (Street and Number) Dec 6th 1898
5. Full Name of Mother, Clemmie Mae Mills
6. Mother's Maiden Name, Clemmie Mae Rawlings
7. Mother's Birthplace, Calvert County
8. Full Name of Father, Joseph H Mills
9. Father's Occupation, Fireman
10. Father's Birthplace, Calvert County

Name of Medical Attendant, or other person who makes this Return, Charity Boulden

Address, 918 Stockton Street

Remarks, Doing well

8950007915

Sec. 3. Any person who shall fraudulently make a false return of a birth, or shall fail to make a return of a birth, shall be deemed guilty of a misdemeanor, and upon conviction thereof, shall be fined not less than ten dollars nor more than fifty dollars, or imprisoned not more than ten days, or both, at the discretion of the court.

Sec. 4. Any person who shall fail to make a return of a birth within the time prescribed by this section, shall be deemed guilty of a misdemeanor, and upon conviction thereof, shall be fined not less than ten dollars nor more than fifty dollars, or imprisoned not more than ten days, or both, at the discretion of the court.

Sec. 5. Any person who shall fail to make a return of a birth within the third day of each and every month to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in writing, and if any person or persons shall fail to comply with the provisions of this section, shall be and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70609

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 6th 1895
4. Place of Birth, (Street and Number) 1105 N. Carey St.
5. Full Name of Mother, Rose Cline
6. Mother's Maiden Name, Rose Cline
7. Mother's Birthplace, Mt Airy Balto. County.
8. Full Name of Father.
9. Father's Occupation.
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, John Gischwood M.D.

Address, 920 N. Carrollton Ave

Remarks,

8 9 5 0 0 0 7 9 1 6

Sec. 1. Every child born in this City shall be delivered, duly signed by the physician or midwife, with the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, to be used as the place of birth; and the shall occur without the attendance of a physician or practioner of midwifery, or should the birth of any child child forwarded to the City Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70610

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth. Dec. 7th 1895
4. Place of Birth, (Street and Number) #614 S. Patterson Pk. Ave. Balto.
5. Full Name of Mother, Louisa A. Lorman
6. Mother's Maiden Name, Louisa A. Bathelmas
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George N. Lerman
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Mary M. Taylor

Address, #611 S. Patterson Pk. Ave.

Remarks,

8 9 5 0 0 0 7 9 1 7

Wm J. C. Dulany Co., City Printers and Stationers.

Sec. 5. Each birth shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the City Health Commissioner of Health. In case the birth of any child shall occur without the attendance of any physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of such physician or person or parents of such child to report its birth to the Commissioner of Health, in the manner required within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

SEC. [illegible] shall be delivered, duly signed by the practitioner in the form of a certificate, the date and place of birth, and the sex, the date and place of birth, in the case of a child born alive, between the first and third day of each month to the office of the Commissioner of Health, in the case of a child born dead, to the office of the Commissioner of Health, in the manner and within the period prescribed by the Board of Health; and the attendance of a physician or practitioner at childbirth, or upon the mother, immediately before or after the birth, of any child shall become the duty of the person or persons required and shall occur upon the mother, immediately before or after the birth, of any child shall be required and shall be the duty of the person or persons required to report the birth of such child to report its birth to the Commissioner of Health, in the manner and within the period prescribed by the Board of Health; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70611

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 7 of December 1892
4. Place of Birth, (Street and Number) 28 Madeira St
5. Full Name of Mother, Katharina Adams
6. Mother's Maiden Name, Katharina Reins
7. Mother's Birthplace, Baltimore M. D.
8. Full Name of Father, August Adams
9. Father's Occupation, Carpenter
10. Father's Birthplace, Baltimore M. D.

Name of Medical Attendant, or other person who makes this Return, Mrs Ida Hille

Address, 207. N. Castle Str.

Remarks, 8 9 5 0 0 0 7 9 1 8

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70612

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Two

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 7th 1895
4. *Place of Birth, (Street and Number)* 206 Jasper St Balto City
5. *Full Name of Mother,* Elizabeth Tyrell
6. *Mother's Maiden Name,* Elizabeth Burns
7. *Mother's Birthplace,* Annapolis
8. *Full Name of Father,* Thomas Tyrell
9. *Father's Occupation* Morocco Dresser
10. *Father's Birthplace.* Balto. Md

Name of Medical Attendant, or other person who makes this Return, Mrs Hunter

Address, 23 N Paca St

Remarks, 8950007919

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] in contrast to sex, color, the full name and occupation of its parents, the date and place of birth; and the [illegible] shall be delivered, duly signed by the practitioner in the form of a certificate between the first and [illegible] third day of each and every month to the office of the Commissioner of Health. In case, the birth of any child shall occur without the attendance of a physician or practitioner of medicine, it shall be the duty of the person or parents of such attendance upon the mother, immediately after the birth, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70613

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Dec 7th 1895
4. *Place of Birth, (Street and Number)* 2005 E Lombard
5. *Full Name of Mother,* Emma Johnson
6. *Mother's Maiden Name,* Emma Smith
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Louis Johnson
9. *Father's Occupation* Clothing Cutter
10. *Father's Birthplace,* Washington D.C.

Name of Medical Attendant, or other person who makes this Return. A. J. Cameron M.D.

Address, 425 N Broadway

Remarks,

8 9 5 0 0 0 7 9 2 0

said schedule shall be delivered, duly signed, to the Registrar of Vital Statistics, Board of Health, Baltimore City, at the office of the Commissioner of Health, within twenty-four hours after the birth of any child shall occur without a physician or practitioner in attendance, the mother, immediately thereafter, in the manner and within the time prescribed, and attendance upon the mother, immediately after the birth, in the manner and within the time prescribed, and shall report its birth to the Commissioner of Health, within twenty-four hours after the birth of such child, in writing, and shall, thereafter, fail to comply with the provisions of this section shall be subject to any such person or persons who shall, thereafter, fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other dues and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 70614

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (~~state whether male or~~ female) Male

2. Race or Color, (if not of the white race) W

3. Date of Birth, Dec. 7. 95

4. Place of Birth, (Street and Number) 743 N. Mayette St

5. Full Name of Mother, Angie Chappelear

6. Mother's Maiden Name, " Herbert

7. Mother's Birthplace, Char. Co. Md.

8. Full Name of Father, Geo. C. Chappelear

9. Father's Occupation, Restaurant

10. Father's Birthplace, Char. Co. Md.

Name of Medical Attendant, or other Person who makes this Return Lewis McEastman

Address, 772 S. Longwood

Remarks,

B35H00 7921

born, its or their physical condition, whether still-born or not, the full name, sex, and color of the child or children of the parents, and the maiden name of the mother of such child or children."

A CO., CITY PRINTERS AND STATIONERS

Ouw

70615

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Ida Minna ~~Schulz~~ First

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Feb 7th 1895
4. Place of Birth, (Street and Number) 1436 Bel Air Ave
5. Full Name of Mother, Bertha (Christ) Schulze
6. Mother's Maiden Name, Bertha Portius
7. Mother's Birthplace, Germany
8. Full Name of Father, Henry (Christ) Schulze
9. Father's Occupation, Swiss Laundry
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Wm L. Cone M.D.

Address, Jardenville

Remarks, Bacte Co

8950007922 M.D.

Each case in which sex, color, the full name and occupation of its parents, the date and place of birth; and the number of the child shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. It shall be the duty of any such attendant who shall neglect to make such delivery, or shall knowingly make a false return, or any other person who shall occur without the attendance of a physician or practitioner, to make the return, or shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required and attendance upon the mother, the Commissioner of Health, in the manner and within the period above required and shall report the birth to the Commissioner of Health, shall be guilty of a misdemeanor, and shall be liable to a fine of not less than five dollars nor more than ten dollars, and each person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the attendant in the form of a certificate between the first and third day of each and every month, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or other person, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70616

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 7 Dec 1895
4. Place of Birth, (Street and Number) 316 Front St.
5. Full Name of Mother, Yetta Bernstein
6. Mother's Maiden Name, Gilberman
7. Mother's Birthplace, Russia
8. Full Name of Father, (2) Tailor
9. Father's Occupation Israel Bernstein
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. E. Rivera

Address, 42 Albemarle St.

Remarks,

8 4 5 0 0 0 7 9 2 3

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 70617

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* Dec 7 1895
4. *Place of Birth, (Street and Number)* 1002 Pine street
5. *Full Name of Mother,* Maggie Turner
6. *Mother's Maiden Name,* Maggie Stevens
7. *Mother's Birthplace,* Eastville Va
8. *Full Name of Father,* John T Turner
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Eastville Va

Name of Medical Attendant, or other person who makes this Return. Charlotte Williams

Address, 910 Leadenhall st

Remarks,

8950007924

Wm. J. C. Dulany Co., City Printers and Stationers.

Any person who shall fail to give the full name and occupation of its parents, the date and place of birth, and the sex, color, and full name of the child, or any person who shall knowingly give false information in the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, the birth of any child within twenty-four hours after the birth of such child, and every midwife, or other person or practitioner of midwifery, or should no other person be in attendance upon the mother at the birth of any child, then it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period prescribed and shall occur without the attendance of a physician or midwife, or other person, shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70618

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, December 8th 1895
4. Place of Birth, (Street and Number) 1236 Stockholm St. Baltimore
5. Full Name of Mother, Mary J. Adams
6. Mother's Maiden Name, Mary J. Smith
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John A. Adams
9. Father's Occupation, laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. Susan Waters

Address, 1218 S. Bayard St.

Remarks,

8 7 5 0 0 0 7 9 2 5

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 11-19-59

RETURN OF A BIRTH. 70619

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Edwin L. Birkhead

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec. 8th 1895.
4. *Place of Birth, (Street and Number)* 704 Portland st.
5. *Full Name of Mother,* Irene Birkhead
6. *Mother's Maiden Name,* " Griffith
7. *Mother's Birthplace,* Balto. City
8. *Full Name of Father,* Chas. H. Birkhead
9. *Father's Occupation,* Clothing cutter
10. *Father's Birthplace,* Balto. City

Name of Medical Attendant, or other person who makes this Return, E. B. Fenby, M.D.

Address, 1219 N. Carolina st.

Remarks,

6950007926

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the sixth and the third day of each and every month to the officer or person in charge of the office of vital statistics, in case there shall be any such officer or person, and in case there shall be no such officer or person, to the clerk of the city or town, who shall receive such certificate upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70620

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 8th 1895
4. Place of Birth, (Street and Number) N. W. Cor. Preston & Howard Sts
5. Full Name of Mother, Annie Gaffey
6. Mother's Maiden Name, Annie Carroll
7. Mother's Birthplace, Wilmington Del
8. Full Name of Father, John T. Gaffey
9. Father's Occupation, Saloon Keeper
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. A. G. Watson

Address, 1301 N. Central Ave

Remarks,

8 9 5 0 0 0 7 9 2 7

Wm J. C. Dulany Co., City Printers and Stationers.

[illegible] name and occupation of the parents, the date and place of birth; and the [illegible] name by the person in the form of a certificate between the first and [illegible] to the office of the Commissioner of Health. In case the birth of any child [illegible] of a physician or practitioner of midwifery, or should no other person be in [illegible] such [illegible] or other person required such [illegible] and within the period above required, and [illegible] who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70621

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 8th of December
4. Place of Birth, (Street and Number) 2100 Maryland Ave
5. Full Name of Mother, Anna Rikert
6. Mother's Maiden Name, Anna Oberseidler
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Georg Rikert
9. Father's Occupation, Butcher.
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Pa Hille

Address, 207 N. Castle Str.

Remarks, 8950007928

J. C. Dulany Co., City Printers and Stationers.

Each correct as sex, color, the full name and occupation of its parents, the date and place of birth and the number of children born to the mother, which shall be delivered, duly signed by the person in charge of the firm and said schedule shall be sent every month to the Commissioner of Health, or should no other person be in charge of such firm, then the owner or proprietor of such firm shall be the person in charge, and it shall be the duty of the person or persons required, and third day of each month, or at such time as the Commissioner of Health may direct, to report to the Commissioner of Health, or his duly authorized agent, the birth of any child born without the attendance of a physician, in the manner and within the period of such attendance upon the mother, the Commissioner of Health to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

The birth of any child to report to the Commissioner of Health, or should no other person be in charge of such firm, then the owner or proprietor of such firm shall be the person in charge, and it shall be the duty of the person or persons required, and such persons who shall have neglected to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70622

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 8th 1895.
4. *Place of Birth, (Street and Number)* 316 Central Ave
5. *Full Name of Mother,* Caroline Buck
6. *Mother's Maiden Name,* Caroline Miller
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Christian Buck
9. *Father's Occupation.* Tinner
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Anna Lanz Midwife

Address, 1539 Aliceanna Street.

Remarks,

6950007929

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH 70623

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (~~state whether male or~~ female)
2. Race or Color, (~~if not of the~~ white ~~race~~)
3. Date of Birth, Dec. 8 95
4. Place of Birth, (Street and Number) 743 N. Fayette St.
5. Full Name of Mother, Julia Saintclair
6. Mother's Maiden Name, " Johnson
7. Mother's Birthplace, Chas. Co. Md.
8. Full Name of Father, Jas. R. Saintclair
9. Father's Occupation, Clerk
10. Father's Birthplace, Chas. Co. Md.

Name of Medical Attendant, or other Person who makes this Return Lucas M. Eastman

Address, 742 N. Liberty Sts.

Remarks, —

1895 00 07 930

born, its or their physical condition, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

A CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 40624

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

[illegible] far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d Third child

1. *Sex, (state whether male or female)* Female

2. *Race or Color. (if not of the white race)* Colored

3. *Date of Birth,* December 8th 1895

4. *Place of Birth, (Street and Number)* Washington Road

5. *Full Name of Mother,* Lizer Camel

6. *Mother's Maiden Name,* Lizer Harris

7. *Mother's Birthplace,* Anne Arundel County

8. *Full Name of Father,* Alexandria Camel

9. *Father's Occupation* Stable Boss

10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this return, Caroline Queen

Address, 1066 Raburg Street Baltimore city

Remarks,

8950007931

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70625

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* December 8th 1905
4. *Place of Birth, (Street and Number)* Clifton Park
5. *Full Name of Mother,* Manda Huff
6. *Mother's Maiden Name,* Manda Cinnamon
7. *Mother's Birthplace,* Charleston Va
8. *Full Name of Father,* Noll Huff
9. *Father's Occupation,* Laborer on Park
10. *Father's Birthplace,* Charleston Va

Name of Medical Attendant, or other person who makes this Return, W. J. Carson M.D.

Address, Jordenville Baltimore

Remarks,

8 9 5 0 0 0 7 3 3 6 2

Act concerning its sex, color, the full name and occupation of its parents, the date and place of birth, and the name of each child. (If any shall have been born dead, the fact shall be certified in the form of a certificate herein provided for a living child.) Such certificate shall be delivered, duly signed by the practitioner in the form of a certificate herein provided for a living child, to the person or persons in charge of the mother, immediately thereafter. If such child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and such person or persons shall be entitled to receive from the Commissioner of Health, the certificate herein provided for, subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 70626

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Fmil
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 8 1895
4. *Place of Birth, (Street and Number)* Eager st 2044
5. *Full Name of Mother,* Annie Minar
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohaimen
8. *Full Name of Father,* Frank Minar
9. *Father's Occupation* tabor
10. *Father's Birthplace,* Bohaimen

Name of Medical Attendant, or other person who makes this Return Mary Rapto

Address, N Washington st 205

Remarks,

8 9 5 0 0 0 7 9 3 3

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] name of each child (if any shall have been delivered) in sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate herein before prescribed, to the officer or person in charge of the office of the Commissioner of Health, within twenty-four hours after the third day of such and every month to the office of the Commissioner of Health, or should no other person be in attendance upon such birth, then the same shall be delivered to the officer or person in charge of the office of the Commissioner of Health, within the period above required, and shall occur without the attendance of a physician, then the person who shall become the duty of the person or parents of such child or children, or the mother thereof, to comply with the provisions of this section, shall be liable to any such person or persons who shall hereafter fail to comply with the provisions of this section, and shall be subject to the fine of ten (10) dollars for each offence, to be recovered, as other fines and forfeitures are recoverable.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the name of the attending physician or midwife, if any, or other person who shall have been present at the birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of certificate herein, within the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance who shall be willing to make the said report, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health. In any such case the person so required to make such report, or any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70627

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Dec Monday 9th 1895
4. *Place of Birth, (Street and Number)* 93 N. St. Gay Street
5. *Full Name of Mother,* Lillie Christie Ross
6. *Mother's Maiden Name,* Lillie Christy
7. *Mother's Birthplace,* Harrisburg Pa
8. *Full Name of Father,* James Anthony Ross
9. *Father's Occupation* Cigar maker
10. *Father's Birthplace,* Anne Arundel County

Name of Medical Attendant, or other person who makes this Return, Eliza J. Johnson

Address, 1032 Front Street.

Remarks,

8 9 5 0 0 0 7 9 3 4

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70628

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 - Child

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Monday 9th Dec. 1895
4. Place of Birth, (Street and Number) Stirling Street 809
5. Full Name of Mother, Emma Chase
6. Mother's Maiden Name, Emma Taylor
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Solomon Chase
9. Father's Occupation, Coal dealer
10. Father's Birthplace, Cambridge Maryland

Name of Medical Attendant, or other person who makes this Return, Sophie Ricketts

Address, 801 Stirling Street

Remarks,

8 9 5 0 0 0 7 9 3 5

WM J. C. BULANY CO. CITY PRINTERS AND STATIONERS

[illegible] the same can be ascertained the full name of each child. If any shall have been born, the full name and occupation of the parents, the date and place of birth; and the sex, color, the full name and occupation of the person in the form of a certificate between the first and third day of each and every month, in the form of a certificate hereinafter mentioned, and such certificate shall be delivered, duly signed, by or at the Commissioner of Health. In case the other person be in attendance, with the mother, immediately thereafter, in the manner and within the period above required, and shall fail to report its birth to the Commissioner, or certificate, in the form and within the period above required, any such person or persons shall forfeit and pay for each offense, to be recovered as other fines and forfeitures are recoverable, subject to the fine of ten (10) dollars for each offense.

RETURN OF A BIRTH. 70629

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 9th
4. Place of Birth, (Street and Number) 1932 Edmondson Ave
5. Full Name of Mother, Sara Anna Delbitt
6. Mother's Maiden Name, Sara Anna McNeill
7. Mother's Birthplace, Newark New Jersey
8. Full Name of Father, Robert Lee Delbitt
9. Father's Occupation Merchant
10. Father's Birthplace, Columbus Ga

Name of Medical Attendant, or other person who makes this Return, Flora A. Brewster M. D.

Address, 1221 Madison Ave. Baltimore

Remarks,

8950007936

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be [illegible] and the [illegible] ascertained, the full name of each child (if any shall have been delivered) its sex, color, the full name and occupation of its father, the date and place of birth, and the name of the attending physician or practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or other person, the duty of the person or parents of such child immediately thereafter, it shall become and within the period above required, and attendance upon birth to the Commissioner of Health, in the manner above prescribed, to report such birth to comply with the provisions of this section shall, and any such person or persons who shall be [illegible] shall be liable to a penalty, and forfeitures are recoverable, jected in the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70630

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 9 1895
4. *Place of Birth, (Street and Number)* Bond st 943
5. *Full Name of Mother,* Maggie Drexler
6. *Mother's Maiden Name,* Farmer
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Adam Drexler
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary Stafiter

Address, N Washington st 705

Remarks,

8 9 5 0 0 0 7 9 3 7

Wm. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70631

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 9 1895
4. Place of Birth, (Street and Number) Durham st 822
5. Full Name of Mother, Mary Bumbey
6. Mother's Maiden Name, Bohaimen
7. Mother's Birthplace, Joseph Bumbey
8. Full Name of Father, Italy
9. Father's Occupation Bohaimey
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. Mary Graytis

Address, N Washington st 208

Remarks,

8 7 5 0 0 0 7 9 3 8

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70632

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 Kind

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) white race
3. Date of Birth, 9 Dec, 1895
4. Place of Birth, (Street and Number) 127 Spring Rank
5. Full Name of Mother, —
6. Mother's Maiden Name, Emma Freedman
7. Mother's Birthplace, Europe
8. Full Name of Father, Hyman Freedman
9. Father's Occupation, Peddler
10. Father's Birthplace, Europe

Name of Medical Attendant, or other person who makes this Return, Lina Wagenheim

Address, 1107 E Pratt St

Remarks,

8 4 5 0 0 0 7 9 3 9

Any subscribe shall be delivered, duly signed by the practitioner in the form of a certificate, to the Registrar of Vital Statistics, within the first day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70633

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) wit
3. Date of Birth, 9 of Decemb
4. Place of Birth, (Street and Number) No. 917 David Hill Ave. Baltimore
5. Full Name of Mother, Barbara Hemmeter. Lutke
6. Mother's Maiden Name, " Hemmeter.
7. Mother's Birthplace, Baiern
8. Full Name of Father, August Lutke.
9. Father's Occupation. Locker
10. Father's Birthplace. Prussia.

Name of Medical Attendant or other person who makes this Return, Mrs W. Maennel

Address, 913 Fulton ave

Remarks,

8 9 5 0 0 0 7 9 4 0

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the person or persons in charge of the mother immediately after the birth of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70634

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Twins - male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec. 9th 96
4. *Place of Birth, (Street and Number)* 2228 Oak St.
5. *Full Name of Mother,* Elizabeth M. Burke
6. *Mother's Maiden Name,* " Madden
7. *Mother's Birthplace,* A. A. Co. Md.
8. *Full Name of Father,* Wm Clement Burke
9. *Father's Occupation* Clerk.
10. *Father's Birthplace,* A. A. Co. Md

Name of Medical Attendant, or other person who makes this Return, Furman F. Hill Mrs

Address, 1401 N. Fremont

Remarks,

8 4 5 0 0 0 7 9 4 1

THE CERTIFICATE as to sex, color, the full name and occupation of the parents, the date and place of birth, and the number of the child of the mother, shall be delivered, only signed by the practitioner, in the form of a certificate, to the parents of such child, within five days after the birth of such child, and every such person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

AND IT SHALL BE THE DUTY of the parents, or of the person in whose family any child shall have been born, to deliver, or cause to be delivered, to the person who shall be the attendant upon the mother, immediately before, or at the time of the birth of such child, a certificate, in the form of a certificate to be furnished by the Commissioner of Health, in the manner and with the contents of such certificate, as the said Commissioner shall direct, and the said attendant shall be bound to deliver the said certificate, so signed, to the said parents, or to the person in whose family such child shall be born, within five days after the birth of such child, and every such person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

AND IT SHALL BE THE DUTY of the parents, or of the person in whose family any child shall have been born, to deliver, or cause to be delivered, to the person who shall be the attendant upon the mother, immediately before, or at the time of the birth of such child, a certificate, in the form of a certificate to be furnished by the Commissioner of Health. In the case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately before, or at the time of the birth of such child, it shall be the duty of the parents or parents of such child, or of the person in whose family such child shall have been born, to deliver, or cause to be delivered, the said certificate, so signed, to the said Commissioner of Health, within five days after the birth of such child, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70635

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 –

1. *Sex, (state whether male or female)* Male – Female –
2. *Race or Color, (if not of the white race)* Col.
3. *Date of Birth,* Dec 9th –
4. *Place of Birth, (Street and Number)* 1407. Maq St Court –
5. *Full Name of Mother,* ~~Margaret~~ Mason –
6. *Mother's Maiden Name,* Margaret ~~Mason~~ Robinson
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* John Mason.
9. *Father's Occupation* ~~Virginia~~ Sailor
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, Frances Berry.

Address, 1420 Orleans st

Remarks,

8 9 5 0 0 0 7 9 4 2

Any conferred (in sex, color, the full name and occupation of its parents, the date and place of birth, and the name or other person who shall have the care of the child, if any shall have been appointed) shall be given to the Registrar, who shall issue a certificate to the effect that the same has been duly entered, and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the time above prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for such offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 70636

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 10th 1895
4. *Place of Birth, (Street and Number)* Baltimore 912 William St
5. *Full Name of Mother,* Margaret Connelly
6. *Mother's Maiden Name,* Margaret Grant
7. *Mother's Birthplace,* Richmond Va
8. *Full Name of Father.* John McConnelly
9. *Father's Occupation* Brass Finisher
10. *Father's Birthplace,* Portsmouth Va

Name of Medical Attendant, or other person who makes this Return, Mrs Anna Taylor

Address, No 41 Gartland Alley

Remarks, None

8 4 5 0 0 0 7 9 4 3

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance who shall be willing to make the return, the person or persons in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered, as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70637

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 10th. 95
4. Place of Birth, (Street and Number) 831 Mc Henry St.
5. Full Name of Mother, Johanna Burns
6. Mother's Maiden Name, Johanna Whalen
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Peter Burns
9. Father's Occupation R.R. watchman
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Henry C. Shell M.D.

Address, 1702 N. Fayette St.

Remarks,

8950007944

Wm. J. C. Dulany Co., City Printers and Stationers.

Note.—If a sex, color, the full name and occupation of the parents, the date and place of birth, and the name of the attendant be not given, the practitioner is the form of a certificate between the birth of any child and a minute shall be delivered, duly signed by the attendant, to the Commissioner of Health. No other person be in attendance upon the mother, unless a physician or practitioner of midwifery, or the person or parents of such child, or persons who shall have given the notice of birth in the manner and within the period above recited, shall occur without the attendance, immediately thereafter, to make the return, and shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70638

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec. 10th 1895
4. *Place of Birth, (Street and Number)* 10 N. Clellan's Alley
5. *Full Name of Mother,* Mary Kramer
6. *Mother's Maiden Name,* A. Nordmeier
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Louis Kramer
9. *Father's Occupation,* Restaurant Keeper
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return, Wm Gould M.D.

Address, 887 W. Fayette St

Remarks, Face presentation

Version 8450007945

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth of such child, the person or persons in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70639

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st.
1. Sex, (state whether male or female)	Female
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Dec. 10. 1895
4. Place of Birth, (Street and Number)	1719 E. Biddle St.
5. Full Name of Mother,	Minnie Belle Cawles
6. Mother's Maiden Name,	" " Banks
7. Mother's Birthplace,	Balto. Md.
8. Full Name of Father,	Chas. Wm. Cawles
9. Father's Occupation	Carpenter
10. Father's Birthplace,	Cockeysville, Balto. Co. Md.
Name of Medical Attendant, or other person who makes this Return,	Geo. A. Hartman M.D.
Address,	1121 N. Caroline St.
Remarks,	

8450007946

ave
been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70640

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 10th 1895
4. *Place of Birth, (Street and Number)* 1311 Marshall St
5. *Full Name of Mother,* Katie Alberta Clayland
6. *Mother's Maiden Name,* Katie " " Freeley
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Daniel Boyd Clayland
9. *Father's Occupation* Conductor
10. *Father's Birthplace,* Queen Anne Co. Md

Name of Medical Attendant, or other person who makes this Return, Ira E. A. Brooks

Address, #1828 Eight St

Remarks, Doing well

8950007947

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the name, age, and residence of the attending physician or midwife, in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the parents, or parent, of such child to report to the Commissioner of Health, in the manner and with the particulars required, and any person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70641

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 10 1905
4. *Place of Birth, (Street and Number)* 1003 Sedgewick St Baltimore
5. *Full Name of Mother,* Maggie Fossett
6. *Mother's Maiden Name,* Maggie Monahan
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Arthur L Fossett
9. *Father's Occupation* Fruit Dealer
10. *Father's Birthplace,* Harford County

Name of Medical Attendant, or other person who makes this Return, Mrs Anna Taylor

Address, No 47 Guilford Ave

Remarks, Nurse

8950207943

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or parents who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70642

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dec 10 — 95
4. *Place of Birth, (Street and Number)* 865 West North Ave
5. *Full Name of Mother,* Annie Meaker
6. *Mother's Maiden Name,* Annie Rattye
7. *Mother's Birthplace,* Philadelphia
8. *Full Name of Father,* Frederick L. Maher
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant or other person who makes this Return, Mrs W. Maennel

Address, 913 Fulton ave

Remarks,

8750007949

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur within the period above required, or if no attendant be present at the birth, or if the person or persons in attendance upon the mother, immediately thereafter, shall become the duty of the person or persons with such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70643

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec. 10-95
4. Place of Birth, (Street and Number) 429 W. Conway
5. Full Name of Mother, Annie Schmidt
6. Mother's Maiden Name, " Ernest
7. Mother's Birthplace, Prince George Co.
8. Full Name of Father, John B. Schmidt
9. Father's Occupation, Decorator
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, G. L. Buddenbaum

Address, 418 S. Paca St.

Remarks, 8950007950

said child shall be delivered, duly signed by the practitioner in the form of a certificate between the first and the third day of each and every month to the office of the Commissioner of Health, or shall on any other day and hour of each and every month to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, transmit to the Commissioner of Health, in the manner and within the period above required, and shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be and are hereby declared to be guilty of a misdemeanor, and shall be subject to a fine of not less than five dollars nor more than ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70644

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 10 1895
4. *Place of Birth, (Street and Number)* Mt Cubbin st 1137
5. *Full Name of Mother,* Marie Waldhower
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Michel Waldhower
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mary Kopke

Address, N Washington st 205

Remarks,

8950007951

been conferred in sex, color, the full name and occupation of the parents, the full name of each child, (if any shall have been born,) the place of birth, and the number of the child of the mother, in the form of a certificate herein provided, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate herein provided, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, it shall be the duty of the mother, if able, or if not, then the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. F. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70645

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, December 10th. 1895
4. Place of Birth, (Street and Number) 1826 W. Pratt st.
5. Full Name of Mother, Mathilde Gritzner
6. Mother's Maiden Name, Kriening
7. Mother's Birthplace, Beyersdorf (Germany)
8. Full Name of Father, Hermann W. Gritzner
9. Father's Occupation, merchant
10. Father's Birthplace, Brunswick (Germany)

Name of Medical Attendant, or other person who makes this Return. Dr John Verwaller

Address, 1735 W. Pratt st

Remarks,

8 7 5 0 0 0 7 9 5 2

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person in attendance upon the mother, immediately thereafter, to report the birth of such child, and the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

WM. J. O. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 78646

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) December 10 1895

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* color
3. *Date of Birth,* December the 10
4. *Place of Birth, (Street and Number)* baltimore city ~~warner~~ st 1118
5. *Full Name of Mother,* lillie butler
6. *Mother's Maiden Name,* lillie mack williams
7. *Mother's Birthplace,* Charles Co md
8. *Full Name of Father,* james butler
9. *Father's Occupation,* marble fact
10. *Father's Birthplace,* Charles Co md

Name of Medical Attendant, or other person who makes this Return. mr millie grove

Address, ~~baltimore city 1118 warner st~~ Hamburg st 423

Remarks, no

8 9 5 0 0 0 7 9 5 3

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third days of each month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, by the twelfth day of the month next ensuing, and any such person who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 70647

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (State whether male or female)* Male

2. *Race or color, (if not of the white race)* White

3. *Date of Birth,* Dec 11th 95

4. *Place of Birth, (Street and Number)* 823 N Chapel st

5. *Full Name of Mother,* Katie Eugene McCurdy

6. *Mother's Maiden Name,* K. E. Fosler

7. *Mother's Birthplace,* Balto City

8. *Full Name of Father,* John E. McCurdy

9. *Father's Occupation,* Clerk

10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other person who makes this Return. Chas. B. Fugate M.D.

Address, 920 E Broadway

Remarks, 89500079 54

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the said school shall be delivered, by the officer of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Board of Health in the manner and with the particulars required in the case of a birth attended by a physician, and any such person or parent who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A. G. SULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 70648

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec. 11 1895
4. *Place of Birth, (Street and Number)* 234 N. Chester St.
5. *Full Name of Mother,* Rosa J. White
6. *Mother's Maiden Name,* " " Gibbons
7. *Mother's Birthplace,* Charles Co. Md.
8. *Full Name of Father,* Fred'K White
9. *Father's Occupation* Mariner
10. *Father's Birthplace,* Somerset Co. Md

Name of Medical Attendant, or other person who makes this Return. R. W. Mansfield M.D.

Address, 129 S Broadway

Remarks,

8 9 5 0 0 0 7 9 5 5

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and if live said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance, the mother or other person who shall have charge of the care of the child or who shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70649

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* Dec 2d 1895.
4. *Place of Birth, (Street and Number)* 2101 Calton Ave.
5. *Full Name of Mother,* Sarah C. Ringrose.
6. *Mother's Maiden Name,* Sarah C. Boudary.
7. *Mother's Birthplace,* Baltimore City.
8. *Full Name of Father,* George W Ringrose.
9. *Father's Occupation* Merchant.
10. *Father's Birthplace,* Balto City.

Name of Medical Attendant, or other person who makes this Return, John A. Pennington M.D.

Address, 1716 Pierce Ave.

Remarks,

8 9 5 0 0 0 7 9 5 6

Wm. J. C. Dulany Co., City Printers and Stationers

[illegible] been conferred; its sex, color, the full name and occupation of its parents, the date and place of its birth, and the [illegible] delivered, duly signed by the practitioner in the form of a certificate to be given the first and the [illegible] each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in [illegible] shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above recited, and attendance upon the mother, immediately after the birth of such child, to report the birth to the Commissioner of Health, in the manner and within the period above recited, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70650

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Dec 5th 1895
4. *Place of Birth, (Street and Number)* 609 Church st Balto City
5. *Full Name of Mother,* Martha Hackett
6. *Mother's Maiden Name,* Martha E Smith
7. *Mother's Birthplace,* Balto city
8. *Full Name of Father,* William M Hackett
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other person who makes this Return Mary Maker midwife

Address, 17 N York st Bal Balto city

Remarks,

8 9 5 0 0 0 7 9 5 7

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate, to the person or persons in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above prescribed, and any such person or persons who shall been defaulting in the performance of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70651

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) William Edward ~~Y~~ Walker Third

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 11th - 1895
4. *Place of Birth, (Street and Number)* 2017 E. Federal St
5. *Full Name of Mother,* Annie E. Walker
6. *Mother's Maiden Name,* Annie " ~~(...)~~ Foy
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* G. S. Walker
9. *Father's Occupation* Plumber
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return, J. A. Linette M.D.

Address, 1243 N. Broadway Balto Md.

CERTIFICATE CORRECTED 1. 2. 53

Remarks,

8 4 5 0 0 0 7 9 5 8

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health; and every midwife, or other person who shall officiate as a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70652

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	9th Child
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	Colored
3. *Date of Birth,*	Dec 11th 1895
4. *Place of Birth, (Street and Number)*	866 Peirce street
5. *Full Name of Mother,*	Emma Green
6. *Mother's Maiden Name,*	Emma Forester
7. *Mother's Birthplace,*	Balto Md.
8. *Full Name of Father,*	David Green
9. *Father's Occupation*	Wagoner
10. *Father's Birthplace,*	Balto Md
Name of Medical Attendant, or other person who makes this Return.	Dr G W. Kennard
Address,	708 Ensor street
Remarks,	7 month's weighing 2½ lb

8950007959

Wm. J. C. Dulany Co., City Printers and Stationers.

Sec. 2. Be it ordained, that no person shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or to the Registrar of Vital Statistics, or other person who shall be appointed by the Commissioner of Health, for such purpose, for the birth of every child born within the city of Baltimore, or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall here after fail to comply with the provisions of this section shall be and shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70653

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.d child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec th 11 1895
4. *Place of Birth, (Street and Number)* Balto md 79 Boyd st
5. *Full Name of Mother,* mrs Katie Sweeney
6. *Mother's Maiden Name,* mis Katie Stallings
7. *Mother's Birthplace,* Balto. md
8. *Full Name of Father,* William Sweeney
9. *Father's Occupation* Son iron molder
10. *Father's Birthplace,* Balto md

Name of Medical Attendant, or other person who makes this Return. Susan Hagerman

Address, 23 N Bappert st

Remarks,

8 9 5 0 0 0 7 9 6 0

been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth; and the full name of such child shall be delivered, duly signed by the attendant, to the person or persons having charge of such child, who shall deliver such signed certificate to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in writing, in the form above specified, and any person or persons who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 70654

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex (state whether male or female),* Female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Dec 11th
4. *Place of Birth (Street and Number),* 322 N Charles St
5. *Full Name of Mother,* Bettie Stockdale Merryman
6. *Mother's Maiden Name,* Bettie Stockdale
7. *Mother's Birthplace,* Carroll Co Md
8. *Full Name of Father,* Richard S. Merryman
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Balt. Md

Name of Medical Attendant, or other person who makes this Return. A. M. Krauss

Address, 609 N Charles St

Remarks, —

6x5 U 07961

Baltimore Publishing Co., City Printers and Stationers

[illegible] sex, color, the full name and occupation of his parents, the date and place of birth, and the number of children which shall have been born to the mother, and shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall be the duty of the nurse or person who shall be present at the birth to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70655

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Alfred W. Brown

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d.

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* December 11 1895.
4. *Place of Birth, (Street and Number)* 1951 Hanover st.
5. *Full Name of Mother,* Marie Brown
6. *Mother's Maiden Name,* Baumgartner
7. *Mother's Birthplace,* Philadelphia
8. *Full Name of Father,* Christ Brown
9. *Father's Occupation* Workman
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Carolina Schlosser

Address, 434 E. Fort ave.

Remarks, GIVEN NAME ADDED. 11-30-53 L.M.

8 9 5 0 0 0 7 9 6 2

been conferred in sex, color, or nativity, or occupation of its parents, the date and place of birth; and the name of the child, if agreed upon, shall be signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately after birth, the person or persons in charge of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70656

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 11 1895
4. Place of Birth, (Street and Number) Hanover st 1228
5. Full Name of Mother, Rosa Fabula
6. Mother's Maiden Name, Bohaimer
7. Mother's Birthplace, Austria
8. Full Name of Father, Adam Fabula
9. Father's Occupation Labor
10. Father's Birthplace, Bohaimer

Name of Medical Attendant, or other person who makes this Return Mary Kopitis

Address, N Washington st 205

Remarks,

8950007963

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] set forth, as far as the same can be ascertained, the full name of each child (if any shall have been conferred), sex, color, the full name and occupation of its father, the date and place of birth; and the same shall be delivered, duly signed by the attendant, in the form of a certificate between the first and tenth day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or other person, the person or parents of such child to report such birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon such birth shall be deemed to be such person, and shall be required to comply with the provisions of this section, shall be subject to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71657

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) first

1. *Sex*, (*state whether male or female*) female
2. *Race or Color*, (*if not of the white race*) white
3. *Date of Birth*, Dec 12th 2.50 a.m.
4. *Place of Birth*, (*Street and Number*) 1844 Mc Henry St
5. *Full Name of Mother*, Clara A Owens
6. *Mother's Maiden Name*, Clara A Schulze
7. *Mother's Birthplace*, Baltimore
8. *Full Name of Father*, John E Owens
9. *Father's Occupation*, Hucster
10. *Father's Birthplace*, Baltimore

Name of Medical Attendant, or other person who makes this Return. A L Bleuing M.D.

Address, 1416 W Mulberry St

Remarks,

8 9 5 U 0 0 7 9 6 4

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such third day of each and every month, to report to the Commissioner of Health, in the manner and form, and within the period above required, and child to report its birth to the Commissioner, or fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. BULANY DO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 70658

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* December 12th, 1895
4. *Place of Birth, (Street and Number)* 2205 Guilford Ave.
5. *Full Name of Mother,* Annie Grace Wright
6. *Mother's Maiden Name,* Harper
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Harry S. Wright
9. *Father's Occupation* Traveling Salesman
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Walter Bolgiano M.D.

Address, 2020 N. Charles St

Remarks,

845U007965

Wm. J. C. Dulany Co., City Printers and Stationers.

ject cou street is sex, color, the full name and occupation of its parents, the date and place of birth and have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, the father, or in default of the father, the parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above provided, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born, the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons in such place or house where such birth occurs, within the period above required, and the child to report its birth to the Commissioner of Health, and to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 70659

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth,* December 12/1895
4. *Place of Birth, (Street and Number)* 1731 Harford Ave
5. *Full Name of Mother,* Emma Virginia Deal
6. *Mother's Maiden Name,* " " Kleinley
7. *Mother's Birthplace,* City
8. *Full Name of Father,* Jas. Edward Deal
9. *Father's Occupation,* Produce Dealer
10. *Father's Birthplace,* City

Name of Medical Attendant, or other person who makes this Return. R E Davis MD

Address, 1507 N Caroline St

Remarks,

8 Y 5 0 0 0 7 9 6 6

GEO. J. G. BALANY & SO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH 71660

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Col
3. *Date of Birth,* Dec. 12th 1895.
4. *Place of Birth, (Street and Number)* 613 N. Hoffman St.
5. *Full Name of Mother,* Jennie F. Franklin
6. *Mother's Maiden Name,* " Harris
7. *Mother's Birthplace,* Alexandria, Va.
8. *Full Name of Father,* Samuel J. Franklin
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Alexandria, Va.

Name of Medical Attendant, or other person who makes this Return. H. T. Carr, Jr. M.D.

Address, 1062 Argyle Ave.

Remarks,

8950007967

months, and shall set forth as far as the same can be ascertained the full name of each child, if any, have been born, entered its sex, color, the full name and occupation of its parents, of a certificate between the first and third day of each and every month, to the Commissioner of Health, or should no other person have so shall cause upon the mother, immediately thereafter, it shall become and within the period above required, and child to report its birth to the Commissioner of Health, or shall fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 70661

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Collard
3. Date of Birth, 12 December
4. Place of Birth. (Street and Number) 1413 north Spring St
5. Full Name of Mother, Martha Clemant
6. Mother's Maiden Name, Martha Grifin
7. Mother's Birthplace, Wyoman Co M D
8. Full Name of Father, Walter Clemont
9. Father's Occupation, labor
10. Father's Birthplace, Estet Co Va

Name of Medical Attendant, or other person who makes this Return, Susan Morris

Address, N Spring St

Remarks, it was Born Sunday at one clock an [illegible] of Tenement House

month, and shall set forth as far as the same can be ascertained the full name and place of birth; and the full name and place of birth of the mother; and the number of the child of the mother, if a mother, and the place of birth; and the said schedule shall be delivered, duly signed by the physician or midwife, or other person who shall have been conferred his sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the physician or midwife, or other person who shall have been conferred the duty of certifying the birth of any child, within twelve days after the birth, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or parents, who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

[illegible] the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70662

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7 Child

1. *Sex, (state whether male or female)* ~~Fmale~~ male

2. *Race or Color, (if not of the white race)* Colord

3. *Date of Birth.* Dec the 12th 1895

4. *Place of Birth, (Street and Number)* 1364 Whatcoat St Balto City

5. *Full Name of Mother,* Ida Sommerville

6. *Mother's Maiden Name,* Ida Jenifer

7. *Mother's Birthplace,* St Marys County Md

8. *Full Name of Father,* James A Sommerville

9. *Father's Occupation* Had Carrier

10. *Father's Birthplace,* St Marys County Md

Name of Medical Attendant, or other person who makes this Return. Jos Chanon

Address, Mary Gray 514 Bloom St Balto City

Remarks, James A Sommerville Mary Gray

8950007969

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70663

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name, Jesse Franklin Wyner

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Dec. 12th 1895
4. *Place of Birth, (Street and Number)* 10 S. Eutaw st.
5. *Full Name of Mother,* Anna (Weiner) Wyner
6. *Mother's Maiden Name,* –
7. *Mother's Birthplace,* Europe
8. *Full Name of Father,* Isaac (Weiner) Wyner
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Bernstein

Address, 122 S. Eutaw st.

Remarks,

8950007970

Sex, color, the full name and occupation of its parents, the date and place, if any shall have been recorded, of the marriage of its parents, the date and place of its birth, and such other facts as said schedule shall be delivered, duly signed by the practitioner in the form of a certificate herein, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwifery, or should no other person be in attendance, the father or mother of such child, if living, or the person or persons with whom such child is reported to be living, or the person or persons in charge of such child, to report its birth to the Commissioner of Health, in the manner and within the period above prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70664

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 6.

1. *Sex,* (*state whether male or female*) Boy.

2. *Race or Color,* (*if not of the white race*) white

3. *Date of Birth,* 12. December.

4. *Place of Birth,* (*Street and Number*) No. 712. Ann Street.

5. *Full Name of Mother,* Regina Amreihn.

6. *Mother's Maiden Name,* Regina Gundel.

7. *Mother's Birthplace,* Germany.

8. *Full Name of Father,* Joseph Amreihn

9. *Father's Occupation* Tailor.

10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return, Mary Kloss.

Address, No. 9. Wolfe. Street.

Remarks,

8 9 5 0 0 0 7 9 7 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70665

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 12 of December 1895.
4. Place of Birth. (Street and Number) 2007 Fayette Cort
5. Full Name of Mother, Christina Holi
6. Mother's Maiden Name, Christina Zunatn
7. Mother's Birthplace, Oestreich
8. Full Name of Father, Wenzelaus Holi
9. Father's Occupation, Taylor
10. Father's Birthplace, Oesterreich

Name of Medical Attendant, or other person who makes this Return, Mrs Ea Hill

Address, 207. N. Castle Str

Remarks,

8 9 5 U 0 0 7 9 7 2

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and fifth days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of authority, or the person having charge of such attendance upon the mother, immediately after the birth, shall be required to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70666

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, June 13/1895
4. Place of Birth, (Street and Number) 202 Park St
5. Full Name of Mother, Sadie Hallenstand
6. Mother's Maiden Name, 202 Park St
7. Mother's Birthplace, Willie Cook
8. Full Name of Father, Grocer
9. Father's Occupation 1504 Monroe St
10. Father's Birthplace, Susan Hunter

Name of Medical Attendant, or other person who makes this Return, 2321 Pennsylvania Ave

Address,

Remarks,

8 9 5 0 0 0 7 9 7 3

[illegible] contained in sex, color, the full name and occupation of its parents, the date and place of its birth and the [illegible] shall be delivered, duly signed by the attendant, to the Commissioner of Health, or a certificate setting forth the fact and the said schedule shall be delivered, duly signed by the attendant, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parent or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above prescribed, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 11-15-56 70667

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Bessie ~~Adelaide~~ Thompson

No. of Child of Mother, (state whether 1st, 2d, 3d, &c) 2nd,

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* December 13/95
4. *Place of Birth, (Street and Number)* 25 N. Collington Ave.
5. *Full Name of Mother,* Maud Thompson
6. *Mother's Maiden Name.* Maud Potter
7. *Mother's Birthplace.* Balt. Md.
8. *Full Name of Father,* Geo. W. Thompson
9. *Father's Occupation* Collector
10. *Father's Birthplace,* Balt. Md.

Name of Medical Attendant, or other person who makes this Return. H. Hankiell M.D.

Address, 201 N. Broadway

Remarks, Born 4 a.m.

6950007974

... any shall have ... sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70668

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Dec 13th 1895.
4. Place of Birth, (Street and Number) S E Corner Kennedy & Bolton Sts.
5. Full Name of Mother, Mary Irwin Donaldson Waters.
6. Mother's Maiden Name, Mary Irwin Donaldson
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, John Seymour Pallifurs Waters.
9. Father's Occupation. Attorney at Law.
10. Father's Birthplace, Balto

Name of Medical Attendent, or other person who makes this Return. Robt G Wilson M.D.

Address, 844 820 Park Ave

Remarks,

8 9 5 0 0 0 7 9 7 5

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate herein provided, and that every person who shall be the attendant upon the birth of any child, in case the birth of any child shall occur without the presence of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall refuse or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

GEO. W. D. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 70669

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) this is the second

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) Color-ed
3. Date of Birth, December 13th 1895
4. Place of Birth, (Street and Number) 1337 Ward street
5. Full Name of Mother, harriet Co
6. Mother's Maiden Name, harriet matthews
7. Mother's Birthplace, West moland Va
8. Full Name of Father, G. H. Matthews
9. Father's Occupation Works in the oyster house
10. Father's Birthplace, surgundy alley Baltimore City

Name of Medical Attendant, or other person who makes this Return. Cul-e in mill 1310 Cleveland

Address, She is coming along first street

Remarks, Coming along well and fine

0 7 5 0 0 0 7 9 7 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH, 10670

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* Jan 13. 95
4. *Place of Birth, (Street and Number)* 1204 John St.
5. *Full Name of Mother* Annie R. Kelly
6. *Mother's Maiden Name* Anna R Kelly
7. *Mother's Birthplace* Balto County. Md
8. *Full Name of Father* Peter A. Kelly
9. *Father's Occupation* Com. Trav.
10. *Father's Birthplace* Balto

Name of Medical Attendant, or other Person who makes this Return James A Fechtig

Address 951 Mot. Ave.

Remarks

8 7 5 0 0 0 7 9 7 7

At the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, life or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 70671

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

X

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex, (state whether male or female)* femal
2. *Race or Color, (if not of the white race)* Colerd
3. *Date of Birth,* december the 13 1895
4. *Place of Birth, (Street and Number)* west Hurez st 134
5. *Full Name of Mother,* ruren dennis
6. *Mother's Maiden Name,* ruren Johnson
7. *Mother's Birthplace,* Baltimo
8. *Full Name of Father,* daniel Powel
9. *Father's Occupation,* labour
10. *Father's Birthplace,* Prince george County

Name of Medical Attendant, or other person who make this Return, Bidge Hunt

Address, west Hurez st 111

Remarks, full 9 months

8 9 5 U 0 0 7 9 7 8

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 70672

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 12/13/95
4. Place of Birth, (Street and Number) 1237 Eutaw st
5. Full Name of Mother, Mary Snyder
6. Mother's Maiden Name, " Sommers
7. Mother's Birthplace, City
8. Full Name of Father, Fredk Snyder
9. Father's Occupation Glassblower
10. Father's Birthplace, Germ

Name of Medical Attendant, or other person who makes this Return. E. D. Ellis M.D.

Address,

Remarks,

8 4 5 0 0 0 7 9 7 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70673

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* December 13th 1895
4. *Place of Birth, (Street and Number)* 124 Hesse's Court
5. *Full Name of Mother,* Susan Wilson
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Daniel Powell
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Prince George County, Md.

Name of Medical Attendant, or other person who makes this Return, Bridget Hunt

Address, Midwife, 111 W. Hughes Street

Remarks,

Geo. Snider (M.D.)

6950007980

been constructed) its sex, color, the full name and occupation of its parents, the date and place of birth, and the name given to the child, shall be signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother immediately preceding, and at the time of the birth, the person or persons with whom the child is or upon whose premises it is born, shall be deemed and taken to be the person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70673½

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)* Colord

3. *Date of Birth,* december 20 1895

4. *Place of Birth, (Street and Number)* west Hurey st 124

5. *Full Name of Mother,* suren denis.

6. *Mother's Maiden Name,*

7. *Mother's Birthplace,* Baltimme

8. *Full Name of Father,* daniel Pauel

9. *Father's Occupation,* labour

10. *Father's Birthplace,* Prince george County

Name of Medical Attendant, or other person who makes this Return, Bridget Hunt

Address, 111 west Hurey st

Remarks, full 9 months

8950007981

ment, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

70674

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 13/95
4. *Place of Birth, (Street and Number)* 1416 Riverside Ave
5. *Full Name of Mother,* Ella B. Long
6. *Mother's Maiden Name,* Ella B. Griffin
7. *Mother's Birthplace,* Talbot Co Md
8. *Full Name of Father.* Archibald H. Long
9. *Father's Occupation* Seafaring
10. *Father's Birthplace,* Talbot Co Md.

Name of Medical Attendant, or other person who makes this Return. E. Michaux M.D.

Address, 411 S. Sharp St

Remarks.

8950097982

Wm. J. C. Dulany Co., City Printers and Stationers.

Concerning its sex, color, &c. full name and occupation of each child (if any, that have been born previously) of its parents, the date and place of its birth and the number of each child of the mother in the form of a certificate for each birth of any child and every stillbirth, duly signed by the attendant or other person who shall have been in attendance at the said delivery, shall be delivered within the first and third days of each month to the officer or practitioner of medicine, who should no other person of such shall occur upon the mother, Commissioner of Health, may require the duty of the person or persons required, and the officer or practitioner of medicine, to be sworn to, and the said Commissioner of Health, may require the duty of the person or persons required, and child to report its birth to the Commissioner of Health, in manner and within the period of such section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the full name of each child (if any shall have been born before) and the name of the attending physician or midwife, or other person who shall have delivered the mother of such child, in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or other person who shall have attendance upon the mother, immediately hereafter, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or parents who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70674½

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* December 13/95
4. *Place of Birth, (Street and Number)* 1416 Riverside Ave
5. *Full Name of Mother,* Ella B. Long
6. *Mother's Maiden Name,* Ella B. Griffin
7. *Mother's Birthplace,* Talbot Co Md
8. *Full Name of Father,* Archibald M. Long
9. *Father's Occupation* Seafaring
10. *Father's Birthplace,* Talbot Co Md

Name of Medical Attendant, or other person who makes this Return. E. Michael M.D.

Address, 411 S. Sharp St

Remarks,

B75U007983

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child. (If any shall have been previously born, the fact should be stated in the return.) The return of each birth shall have the full name and occupation of its parents, the date and place of birth; and the same schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health; or, should no other person be in attendance, then by the parent or guardian of the child, or, should no other person be in attendance, then by the parent or guardian of the child, or, should no other person be in attendance, then by the person in charge of the house in which such birth shall occur without the attendance of a practitioner. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70675

GIVEN [redacted] 7-3-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: George Warfield

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) fifth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 1st December 1895
4. *Place of Birth, (Street and Number)* 1052 West Baltimore St
5. *Full Name of Mother,* Mrs. Thomas Warfield
6. *Mother's Maiden Name,* Thomas
7. *Mother's Birthplace,* At Warren Baltimore County
8. *Full Name of Father,* Geo. W. Warfield
9. *Father's Occupation* Tobacco Business
10. *Father's Birthplace,* Anne Arundel County

Name of Medical Attendant, or other person who makes this Return, Susan Hunter

Address, 2305 Pappelton St

Remarks,

8950007984

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70676

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) premature 2

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Dec 13th
4. *Place of Birth, (Street and Number)* 108 Dutt Durham St
5. *Full Name of Mother,* Lois Rebecca Hillery
6. *Mother's Maiden Name,* Lois Rebecca Scott
7. *Mother's Birthplace,* Massachusetts
8. *Full Name of Father,* Thomas A Hillery
9. *Father's Occupation* Jenny things & Lawn Set
10. *Father's Birthplace,* upper marlboro Prince George

Name of Medical Attendant, or other person who makes this Return, Susan Hooper

Address, 123 Durham St

Remarks, No [illegible] marker [illegible] Doing well

6950007985

Wm. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the person in the house in which the child shall immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70677

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d,~~ &c.) First

1. *Sex, (state whether male ~~or female~~)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec. 13. 1895
4. *Place of Birth, (Street and Number)* 464 E. Cross street.
5. *Full Name of Mother,* Mary Schleuvogt.
6. *Mother's Maiden Name,* Mary Sluzewski
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* Gustav Schleuvogt.
9. *Father's Occupation* Saloon Keeper & Journeyman Carpenter.
10. *Father's Birthplace,* Russia.

Name of Medical Attendant, or other person who makes this Return J. T. Belvis. M.D.

Address, 1928 1/2 W. Pratt street.

Remarks,

8 4 5 0 0 0 7 9 8 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70678

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 14 1895
4. Place of Birth, (Street and Number) 625 N Potomac St
5. Full Name of Mother, Julia Milagan
6. Mother's Maiden Name, Julia MacNunress
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Milagan
9. Father's Occupation Brick Yard
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Elizeth Diggs

Address, 625 N Potomac St

Remarks,

8 7 5 0 0 0 7 9 8 7

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been conferred; its sex, color, the full name and occupation of its parents, the date and place of birth, and the name of each child, (if any shall have been born alive,) and every death, with the particulars of the same, in the form of a certificate between the first and third day of each and every month, or a physician or practioner of midwifery, or other person who shall be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child, or the mother, if able, to report its birth to the Commissioner of Health. In case the birth of any child shall occur without the presence of a physician or practioner of midwifery, or other person who shall be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child, or the mother, if able, to report its birth to the Commissioner of Health, within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall, if a male, be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70679

GIVEN NAME ADDED 11-17-64

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Benjamin Franklin Jr. Stewart

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 14th 95.
4. Place of Birth, (Street and Number) 21 S. Schroeder St.
5. Full Name of Mother, Sarah A. Stewart
6. Mother's Maiden Name, Sarah A. Naylin
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Charles Ed. Stewart
9. Father's Occupation Painter
10. Father's Birthplace, Baltimore - Md.

Name of Medical Attendant, or other person who makes this Return, Henry C. Ohle. M.D.

Address, 1203 W. Fayette St.

Remarks,

1895U007988

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month, and shall set forth as far as the same can be ascertained, the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of parents, the place of birth and the full date of birth, and shall be certified by the attendant in the form of a certificate between the first and fifteenth day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the person or persons of such child to report its birth in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70680

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Anna Edith ~~Sommers~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. Sex, (state whether male or female) Girl.
2. Race or Color, (if not of the white race) white.
3. Date of Birth, 14. December.
4. Place of Birth, (Street and Number) N. 1426. Bank. Street.
5. Full Name of Mother, Clara Sommers
6. Mother's Maiden Name, Clara Steigls.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Louis Sommer
9. Father's Occupation Wagentreiber.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Glass.

Address, N. 9. Wolfe. Street.

Remarks.

8950 07989

Wm. J. C. Dulany Co., City Printers and Stationers

month, and shall set forth safer as the same can be ascertained, the full name of each child (if any shall have been born alive) of such mother, the sex and color of such child, the date and place of birth, and the occupation of its parents, the date and place between the first and third day of each and every month, of certificate of birth, and the name of such person who shall be delivered, and the attendance of a physician or midwifery, or should no other person of such birth shall become the duty of the person or persons in charge of such place, to report such birth to the Commissioner of Health, to the manner and within the period above required, and shall occur upon the mother, immediately after such birth, to the manner and within the provisions of this section shall be subject to report its birth to the Commissioner of Health, to be recovered as other fines and forfeitures are recoverable. Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70681

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colo
3. *Date of Birth,* Dec 14, 1895
4. *Place of Birth, (Street and Number)* 165 Yorke St
5. *Full Name of Mother,* Ida Fobes
6. *Mother's Maiden Name,* Ida Gross
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Philip Fobes
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Calvert Co

Name of Medical Attendant, or other person who makes this Return, Charlotte Miller

Address, 910 Leader Hall St

Remarks,

1 8 9 5 0 0 0 7 9 9 0

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70682

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* Dec 14 1895
4. *Place of Birth, (Street and Number)* Short alley 1226
5. *Full Name of Mother,* Anna L Gipson
6. *Mother's Maiden Name,* Anna L Lenby
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Anthony J Dixon
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Crisfield

Name of Medical Attendant, or other person who makes this Return, Carlin pattson

Address, 419 Lewis St

Remarks. do well as it can Expect

8950007991

Wm. J. C. Dulany Co., City Printers and Stationers.

Upon, or shall not be born at the same can be ascertained, the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician, or other person, the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70683

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* Dec 14th /95

4. *Place of Birth, (Street and Number)* No 631 N Central ave

5. *Full Name of Mother,* Nellie Phillips

6. *Mother's Maiden Name,* Barnes

7. *Mother's Birthplace,* St Mary's County

8. *Full Name of Father,* Wm F. Phillips

9. *Father's Occupation* Pullman Car cleaner

10. *Father's Birthplace,* Balti

Name of Medical Attendant, or other person who makes this Return, Mrs. L. Ryan.

Address, No 1907 E Monument Str.

Remarks, 1/7

8950007992

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70684

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 14 December 1895
4. *Place of Birth, (Street and Number)* No. 149 Carrell Alley
5. *Full Name of Mother,* Johanna Rogers
6. *Mother's Maiden Name,* " Maly
7. *Mother's Birthplace,* Holland
8. *Full Name of Father,* William Rogers
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Lizzie Schaffler

Address, E. Fort Ave No 1408

Remarks,

B 4 5 0 0 0 7 9 9 3

Wm. J. C. Dulany Co., City Printers and Stationers.

Sect. 2. Either the sex, color, date, name and occupation of its parents, the date and place of birth; and the [illegible] shall be delivered, duly filled up, to the Commissioner of Health, who shall be the Registrar of Vital Statistics, and the shall schedule shall be delivered, duly filled up, to the Commissioner of Health, who shall be the Registrar of Vital Statistics, and the third day of each and every month to the office of the Commissioner of Health, who shall be the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or, in case the birth of any child occurs upon the mother, immediately thereafter it shall become the duty of the person or persons of such attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report the birth to the Commissioner of Health, who shall be provided with the blanks required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70685

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Femal
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Dec 14 1895
4. *Place of Birth, (Street and Number)* 907 Concord ao
5. *Full Name of Mother,* Lizie Hezo
6. *Mother's Maiden Name,* Lizie Lewis
7. *Mother's Birthplace,* Harford Co
8. *Full Name of Father,* William Hezo
9. *Father's Occupation* Sailor
10. *Father's Birthplace,* Baltimore Co

Name of Medical Attendant, or other person who makes this Return, Dr G W Hennard

Address, 708 Eaton ao

Remarks, 9½ Pounds
full develop

B75000799 4

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] sex, color, the full name and occupation of its parents, the date and place of birth, and the [illegible] said schedule shall be prepared, duly signed by the practitioner or other person in charge, and the [illegible] shall occur without the attendance of a physician or midwife, the parent or other person in charge of such child immediately upon the mother, immediate physician or practitioner of midwifery, if there be any, shall [illegible] any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70686

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Dec 14th 1895
4. *Place of Birth, (Street and Number)* No 4 Young St
5. *Full Name of Mother,* Caroline Heine
6. *Mother's Maiden Name,* Caroline Apple
7. *Mother's Birthplace,* York Pa
8. *Full Name of Father,* Louis Heine
9. *Father's Occupation* Blacksmith
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8 9 5 0 0 0 7 9 9 5

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70687

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th child.

1. Sex, (state whether male or female) Females

2. Race or Color, (if not of the white race) White.

3. Date of Birth, Dec. 4th 1895

4. Place of Birth, (Street and Number) #421 S. Chapel St. Baltimore

5. Full Name of Mother, Mary Ocker.

6. Mother's Maiden Name, Mary J. Hennard.

7. Mother's Birthplace, Philadelphia.

8. Full Name of Father, Conrad J. Ocker.

9. Father's Occupation, Cigar Maker.

10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return, Mrs. Mary M. Taylor.

Address, #611 S. Patterson Pk. Ave.

Remarks,

0750007996

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] the full name and occupation of its parents, the full name of each child of any shall have been conferred, its sex, color, the day signed by the practitioner of health, or some other person be in and a certificate shall be delivered within to the office of the practitioner of midwifery, of the person or parents of such child shall occur within the mother, immediately after the birth of any child, the date and place of birth, the sex and color of such child, the attendance of a physician or midwife, or other person, and within the period shall become null and void, and such third day of each and every month, a certificate of the birth of any child, in the form of a certificate between the first and shall occur within the mother, immediately after the birth of any child, the date and place of birth, the sex and color of such child, the attendance of a physician or midwife, or other person, and within the period shall become null and void, and such [illegible] to report its birth to the commissioner of health, in the form of a certificate between the first and third day of each and every month, a certificate of the birth of any child, in the form of a certificate between the first and any such person or parents, who shall hereafter fail to report its birth to the commissioner of health, in the form of a certificate between the first and third day of each and every month, a certificate of the birth of any child, in the form of a certificate between the first and [illegible] shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70688

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* December 14th 1895
4. *Place of Birth, (Street and Number)* #102 N Durham st
5. *Full Name of Mother,* Lavinda Morris
6. *Mother's Maiden Name,* Lavinda Morris
7. *Mother's Birthplace,* Having Richmond County Va
8. *Full Name of Father,* —
9. *Father's Occupation* —
10. *Father's Birthplace,* —

Name of Medical Attendant, or other person who makes this Return, Francis Berry

Address, #1430 Orchard st

Remarks, —

8950007997

month, and shall set forth, as the same can be ascertained, the full name of each child (if any shall have been born alive), the date of birth, the name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, the duty of the person or persons in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70689

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* fem.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 10 Ch. 2 December
4. *Place of Birth, (Street and Number)* 307 N Exeter st
5. *Full Name of Mother,* Hadie Socko
6. *Mother's Maiden Name,* Hadie Socko
7. *Mother's Birthplace,* Lawenick
8. *Full Name of Father,* Herman Socko
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Hamelnick

Name of Medical Attendant, or other person who makes this Return. Tatta Slawawsky

Address, 1122 E Lombard st

Remarks,

8 9 5 0 0 0 7 9 9 8

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the number of children, if any, previously born to the mother, and of how many of such children the first and last ages of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or other person, the mother, or other person in charge of such child hereafter. It shall become the duty of the person or persons in attendance upon the mother immediately within the period above required, and shall be reported to the Commissioner of Health, in the manner and within the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70690

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Boy

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* 2 Decembre

4. *Place of Birth, (Street and Number)* 1229 Chase st

5. *Full Name of Mother,* Louise Utz

6. *Mother's Maiden Name,* Heimlein

7. *Mother's Birthplace,* Balt.

8. *Full Name of Father,* Michel Utz

9. *Father's Occupation* –

10. *Father's Birthplace,* Balt.

Name of Medical Attendant, or other person who makes this Return. Anna Walter

Address, 928 N. Cent Avenue

Remarks,

8450007999

name of each ch , if any shall ave been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70691

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 3 December
4. *Place of Birth, (Street and Number)* 1609 Caroline st.
5. *Full Name of Mother,* Louise Boucher
6. *Mother's Maiden Name,* Becher
7. *Mother's Birthplace,* Balt.
8. *Full Name of Father,* Willie Boucher
9. *Father's Occupation* =
10. *Father's Birthplace,* Balt.

Name of Medical Attendant, or other person who makes this Return, Anna Walker

Address, 928 N. Carl Avenue

Remarks,

8950003000

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] name can be accepted, the full name of each child, (if any shall have been conferred), its sex, color, the full name and occupation of its parents, the date and place of birth; and the third day of each and every month thereafter shall be delivered, duly signed by the attendant, to the Commissioner in the form of a certificate, between the first and shall occur within the city, or, if no attendant be present, then by the mother, or father, or other person in attendance upon the mother; and the Commissioner of Health, in case the birth shall occur without any attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, shall thereafter, it shall become the duty, of the person or persons in charge of such child, or the mother, or father, or other person, who shall be in attendance upon the mother, to report its birth to the Commissioner of Health in the manner and within the period of such time as shall be prescribed by the Commissioner of Health, and in default of such report, the person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered, as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 9-11-56

RETURN OF A BIRTH. 70692

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Joseph Edgar Shea

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* boy
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 7 December, 1895
4. *Place of Birth, (Street and Number)* 1013 Biddle St.
5. *Full Name of Mother,* Lizzie Shea
6. *Mother's Maiden Name,* Conway
7. *Mother's Birthplace,* Adams County Pa.
8. *Full Name of Father,* Joseph Shea
9. *Father's Occupation* Hogh County Pa.
10. *Father's Birthplace,* —

Name of Medical Attendant, or other person who makes this Return, Anna Walker

Address, 928 W. Cont St.

Remarks,

8 7 5 0 0 0 3 0 0 1

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said physician shall deliver, duly signed by the practitioner in the form of a certificate between the first and third day of each month, to the Office of Registrar of Births, a return of the birth of any child which shall occur without the attendance of a physician or practioner of midwifery; and in case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, it shall be the duty of any such attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70693

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* Colored

3. *Date of Birth,* Dec. 13 95

4. *Place of Birth, (Street and Number)* 529 [illegible] N Patterson Park ave 529

5. *Full Name of Mother,* Ellanora Howard

6. *Mother's Maiden Name,* Ellanora Epps

7. *Mother's Birthplace,* North Point County

8. *Full Name of Father,* Henry Howard

9. *Father's Occupation* Shucking Oyster

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Sarah A Jones

625 Patterson Park av

Address,

Remarks,

8950003002

under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

GIVEN NAME ADDED 2-20-59

RETURN OF A BIRTH. 70694

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First child

1. *Sex, (state whether male or female).* Female
2. *Race or Color, (if not of the white race).* White
3. *Date of Birth,* Sat. 14th Dec. 95
4. *Place of Birth, (Street and Number)* #50 E. Belair Ave.
5. *Full Name of Mother,* Katie Corwin -
6. *Mother's Maiden Name,* Katie Holt.
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Chas. H. Corwin.
9. *Father's Occupation* Railroad
10. *Father's Birthplace,* New York state - Howells -

Name of Medical Attendant, or other person who makes this Return, E. Matthews - MD.

Address, 810 - N. - Broadway -

Remarks,

8950008003

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70695

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother (*state whether ~~1st, 2d,~~ 3d, &c.*)

1. Sex (*state whether Male or ~~Female~~*) Male

2. Race or Color (*if not of the white race*)

3. Date of Birth Dec. 15th, 1895

4. Place of Birth (*Street and Number*) E. Eager St.

5. Full Name of Mother Maggie Garity

6. Mother's Maiden Name Maggie O'Neal

7. Mother's Birthplace Woodberry, Md.

8. Full Name of Father Geo Garity

9. Father's Occupation Policeman

10. Father's Birthplace Ireland

Name of Medical Attendant, or other Person who makes this Return. Geo. M. Leach, M.D.

Address 703 Park Ave.

Remarks Labor Natural Placenta expelled in 5 minutes

8950008004

advise at the birth of any child within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children

RETURN OF A BIRTH. 70696

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth,* Oct 15
4. *Place of Birth, (Street and Number)* 334 Parkin St
5. *Full Name of Mother,* Anna Hebek
6. *Mother's Maiden Name,* " Rosek
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Frank Hebek
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return, Mrs Mary Morgan

Address, 412 Scott St

Remarks,

8 7 5 0 0 0 3 0 0 5

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] as the same can be ascertained the full name of his or her care during the [illegible] Act, shall have been conferred upon the Registrar of Vital Statistics, Board of Health, Baltimore City, the full name and occupation of the parents of each child (if any shall have been born), the place of birth and the said schedule shall be filled out by the practitioner in the form of a certificate, which certificate shall be signed by the practitioner, or by the physician or midwife, or other person in attendance, or by the mother, if no other person be in attendance, and shall be delivered to the Registrar of Vital Statistics, Board of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwife, the duty of the person or parents of such child to report its birth to the Commissioner of Health, shall become the duty of the person in charge of the house in which such birth shall occur, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period specified, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70697

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 28th 95
4. *Place of Birth, (Street and Number)* 1621 Marshall st
5. *Full Name of Mother,* Louise Lipp
6. *Mother's Maiden Name,* Louise Krause
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Johny Lipp
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Jas E A Brooke

Address, W 1828 Eight St

Remarks, Doing well

8 9 5 0 0 0 8 0 0 6

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] as the same can be ascertained the full name of each child of any such mother, the sex and color, the full name and occupation of its parents, the date and place of birth, and the number of each child born to the mother, in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health, in the manner and shall occur without the attendance of a physician or practioner of midwifery. In case the birth of any child shall occur upon the premises of another person than the parents, or any other person to be in charge of such premises, the occupant of such premises, or any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

been conferred) [illegible] the full name of each child born in the city of Baltimore, shall have said schedule shall be delivered by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health, and the birth shall occur upon the premises of another than the parents, or any other person to be in charge of such premises, the occupant of such premises, or any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70698

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 15
4. *Place of Birth, (Street and Number)* 818 Calverton Road
5. *Full Name of Mother,* Louisa Rosell Tracy
6. *Mother's Maiden Name,* Louisa R Thomas
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Washington Irvin Tracy
9. *Father's Occupation* Grocery Store
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary I Perry

Address, 2847 Linvale St

Remarks,

8950008007

and schedule shall be delivered, duly signed, to the Physician or Midwife, or other person who shall have charge of the case, within twenty-four hours after the birth, and five third days of each and every month to the office of the Physician in the form of a certificate between the first and fifteenth days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, it shall be the duty of the person or persons in the house where such birth shall occur, or of the mother herself, if able, to report its birth to the Commissioner of Health, in the manner and within the time above required, and such report of persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70699

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Dec 15th 1895
4. *Place of Birth, (Street and Number)* 519 Eden st
5. *Full Name of Mother,* Amanda Jane ~~Johns~~ Walker
6. *Mother's Maiden Name,* Amanda Jane Johns
7. *Mother's Birthplace,* Eastern Maryland
8. *Full Name of Father,* James H. Walker
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Anne Arundel Co.

Name of Medical Attendant, or other person who makes this Return. Caroline Patterson

Address, 419 Lewis st

Remarks, Doing well as can expect

8950008008

Wm. J. C. Dulany Co., City Printers and Stationers.

month and shall set forth as far as the same can be ascertained, the full name of each child born, the date and place of birth, and shall have been considered) its sex, color, the full name, age and occupation of its father, the date and place of birth, and shall have said schedule shall be delivered to the Commissioner of Health, or his certificate thereof, and shall have attached thereto the affidavit of the mother, signed by the physician or practitioner of medicine, or midwife, or, in case the first shall be third day of each and every month, the office of the Commissioner of Health, or the person or persons shall have shall occur within the said month, immediately preceding, the same shall be delivered to the Commissioner of Health, or any such person or persons who shall become aware of the birth of any child within the said period, shall be in child's birth to the Commissioner of Health, it shall be the duty of the physician or parents or parents to be in any such report to the Commissioner of Health, or to comply with the provisions of this section as required, such Jected to the fine of ten (10) dollars for each offence, to be recovered as other debts and forfeitures are recoverable.

month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred by such parents, the name and surnames of the parents, the place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate hereinafter set forth, on the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, the father, if living, or the nearest relative of the parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70700

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* December 15th, 1895
4. *Place of Birth, (Street and Number)* 837 Aisquith St.
5. *Full Name of Mother,* Mollie B. Strobel
6. *Mother's Maiden Name,* Mollie B. Phillips
7. *Mother's Birthplace,* Balt. Md.
8. *Full Name of Father,* John J. Strobel
9. *Father's Occupation* Clerk, N.C. & R.R. Co.
10. *Father's Birthplace,* Balt. Md.

Name of Medical Attendant, or other person who makes this Return, Wilmer Brinton, M.D.

Address, S.W. Cor. Calvert & Preston Sts.

Remarks,

8 9 5 0 0 0 8 0 0 9

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred; its sex, color, the full name and occupation of its parents, the full name of each child, (if any shall have been born,) and the place of birth, and the date of birth, shall be delivered, duly signed by the practitioner in the form of a certificate, to the mother of such child, and the attendance upon the mother, immediately thereafter, shall become void, and the person so attending shall be deemed to have neglected his duty, and shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70701

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Dec 15/95
4. Place of Birth, (Street and Number) 2028 Ething St
5. Full Name of Mother, Henritta Matthews
6. Mother's Maiden Name, Henritta Wallace
7. Mother's Birthplace, Balto Md.
8. Full Name of Father, Joseph Wilson Matthews
9. Father's Occupation Clerk
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, 5[illegible] [illegible]

Remarks,

8750000010

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70702

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec. 15 th 1895.
4. *Place of Birth, (Street and Number)* 726 S. Charles St.
5. *Full Name of Mother,* Rachel Markell
6. *Mother's Maiden Name,* Rachel Fineberb
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Natan Markell
9. *Father's Occupation,* Pedlor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Dr. W. Rubinstein

Address, 105 N. Barre St Balto. Md.

Remarks,

8 9 5 0 0 0 3 0 1 1

Wm. J. C. Dulany Co., City Printers and Stationers.

and whether is a white or a colored person, the full name and occupation of the parents, the date and place of birth; and the name and address of the person who makes the return, on a certificate furnished by the Board of Health, in the form of a certificate between the first and third day of each month to the office of the Commissioner of Health, in case of a living child, and within twenty-four hours after the birth, in case of a dead child; and shall cause to be delivered to the person who shall attend such birth, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the form of a certificate furnished, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be and shall be adjudged to be guilty of a misdemeanor, and shall be liable to a penalty of ten (10) dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70703

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st. 2d. 3d, &c.) 3d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 15 of December 1895.
4. *Place of Birth, (Street and Number)* 1722 Orleans Str
5. *Full Name of Mother,* Marie Gökel
6. *Mother's Maiden Name,* Marie Fogarty
7. *Mother's Birthplace,* Irland
8. *Full Name of Father,* Heinrich Gökel
9. *Father's Occupation,* Colleg Jonator
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Ida Hills

Address, 207 N. Castle Str

Remarks, 8 Month Child

8 7 5 0 0 0 3 0 1 2

Wm J. C. Dulany Co., City Printers and Stationers.

Shall contain its sex, color, the full name and occupation of its parents, the date and place of birth, and the number of the child if one of twins or triplets, and shall be signed by the attendant or family, or, should no other person be in attendance upon the mother, by the nurse or other person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70704

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec. 16th 1895
4. Place of Birth, (Street and Number) Elizabeth Metzger 2122 Eutaw
5. Full Name of Mother, Elizabeth Metzger
6. Mother's Maiden Name, " " " Fitz
7. Mother's Birthplace, Germany
8. Full Name of Father, Chas. Metzger
9. Father's Occupation, Butcher
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Wm Gombel M.D.

Address, 837 W. Fayette St

Remarks,

8 9 5 0 0 0 8 0 1 3

Wm J. C. Dulany Co., City Printers and Stationers.

[illegible] the full name and occupation of its parents, the date of birth, and the sex, color, the full name and occupation of its parents, the date of birth, and the [illegible] errel) its sex, color, the full name and occupation of its parents, the date of birth, and the [illegible] said schedule shall be delivered, duly signed by the attendant, to the Commissioner of Health. In case the birth of any child [illegible] third day of each month, the officer of the county or city in charge of the records of such [illegible] and over which the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person required, and [illegible] child to report its birth to the Commissioner of Health, in the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 8-31-50

RETURN OF A BIRTH

70705

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Marian Roush

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (State whether male or female) Female.
2. Race or color, (if not of the white race) White.
3. Date of Birth, Dec 16th 1915.
4. Place of Birth, (Street and Number) 1923 Pennsylvania Ave
5. Full Name of Mother, Margaret Roush.
6. Mother's Maiden Name, " Snyder.
7. Mother's Birthplace, Md
8. Full Name of Father, Charles Andrew Roush.
9. Father's Occupation, Jeweller.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return. Dr. W. P. Morgan.

Address, 315 W Monument St

Remarks, 8 9 5 0 0 0 3 0 1 4

been conferred its sex, color, the full name and occupation of its parents, the date and place of birth; and the name of each child, if any shall have been conferred upon it, the attendant or other person who shall have charge of the case shall be required, duly signed by the attendant or other person, to make a certificate between the first and third days of each month, in the form of a certificate between the first and third days of each month, in the form of a certificate to be furnished by the Commissioner of Health, in case the birth shall have occurred within said schedule shall be delivered, duly signed, to the office of the Commissioner of Health. In case the birth shall have occurred without the attendance of a physician or practitioner of midwifery, of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A. O. SULLIVAN & BRO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 70706

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. Converted, its sex, color, the full name and occupation of its parents, the place and date of birth, and shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the office of the Commissioner of Health, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12 & child

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Dec. 16. 1896
4. *Place of Birth, (Street and Number)* 1125 Gorman alley
5. *Full Name of Mother,* Eliza Wheeler
6. *Mother's Maiden Name,* Eliza Freeland
7. *Mother's Birthplace,* Calvert County
8. *Full Name of Father,* Richard Wheeler
9. *Father's Occupation,* Waryman
10. *Father's Birthplace,* Baltimore County

Name of Medical Attendant, or other person who makes this Return, M. Adra Gross

Address, 423 Lanbarg st.

Remarks,

8 7 5 0 0 0 8 0 1 5

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 10-31-58

RETURN OF A BIRTH

70703

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

James William Pearson

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, December 16th 1895
4. Place of Birth, (Street and Number) 225 E. Hamburg St.
5. Full Name of Mother, Katherina Pearson
6. Mother's Maiden Name, " Roemer
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Edward Pearson
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return. H. J. Carruck M.D.

Address, 1204 Madison Ave

Remarks, Formerly 1316 Myrtle Ave.

8950003016

shown, or shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and tenth days of each month, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, failing to do so, shall be guilty of a misdemeanor, and upon conviction thereof, shall be subjected to the fine of ten (10) dollars for each offense, to be recovered in other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 70708

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 16 Dec.
4. *Place of Birth, (Street and Number)* Baltimore 222 Eutaw St.
5. *Full Name of Mother,* Thora Selby
6. *Mother's Maiden Name,* Hoel Dyle
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Selby
9. *Father's Occupation* Carter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mollie Stevens M.D.

Address, 222 E. Fayette St.

Remarks, Joan Gilmore 222 E. Fayette

8 9 5 0 0 0 3 0 1 7

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each month, to the Registrar of Vital Statistics. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, midwife or other person, in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and on refusal or neglect to comply with the provisions of this section, the individual of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other debts and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70709

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Miriam De Wald

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 5

1. *Sex*, (*state whether male or female*) Female
2. *Race or Color*, (*if not of the white race*) White
3. *Date of Birth*, December 16th 1895
4. *Place of Birth*, (*Street and Number*) 228 W. Biddle St.
5. *Full Name of Mother*, Margret E. DeWald.
6. *Mother's Maiden Name*, " " " Livingstone
7. *Mother's Birthplace*, Baltimore Md
8. *Full Name of Father*, John A. DeWald.
9. *Father's Occupation* Porter
10. *Father's Birthplace*, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Amelia Johnson

Address, 1024 Park Ave.

Remarks, GIVEN NAME ADDED 8-18-52

8950008018

Wm. C. Delany Co., City Printers and Stationers.

been conferred, the sex, as far as the same can be ascertained the full name of each child, (if any shall have been conferred) the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be signed by the person who shall have charge of the birth certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person or parents of such child to report the same to the Commissioner of Health, in the manner and within the period required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered by the petitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70710

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11-th Eleven

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 16th - Dec - 1895
4. Place of Birth, (Street and Number) 507-X-alley Balto City
5. Full Name of Mother, Lettia Bevan
6. Mother's Maiden Name, Lettia - Scott
7. Mother's Birthplace, Green-wood-Miss
8. Full Name of Father, Albert Bevan
9. Father's Occupation Laborer
10. Father's Birthplace, Balto - City

Name of Medical Attendant, or other person who makes this Return, Mary Maker Midwife

Address, 77-77- York st Balto City

Remarks,

8 7 5 0 0 0 8 0 1 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70711

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 16 Dec. 1945
4. Place of Birth, (Street and Number) 1330 Andrew St City
5. Full Name of Mother, Bertha Henline
6. Mother's Maiden Name, " " Wenzelwood
7. Mother's Birthplace, Switzerland
8. Full Name of Father, Alfred Hewling
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return, Mrs. E. Allen

Address.

Remarks,

8 9 5 0 0 0 0 0 2 0

Wm. J. C. Dulany Co., City Printers and Stationers.

seen conferred) its sex, color, the full name and occupation of the parents of each child, if any shall have been born within the said city, and the place of birth; and the date of birth, the number of the child in the order of birth, the full name and the place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or where the person who is in attendance upon the mother, immediately thereafter, is not a resident of the city, the parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such parent or person who shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 70712

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 9th Child

1. *Sex*, (*state whether male or female*) Male.
2. *Race or Color*, (*if not of the white race*) White.
3. *Date of Birth*, Dec 16th.
4. *Place of Birth*, (*Street and Number*) #903 Walley Street.
5. *Full Name of Mother*, Mary Ellen Kelley.
6. *Mother's Maiden Name*, Mary Ellen Colford.
7. *Mother's Birthplace*, Baltimore.
8. *Full Name of Father*, Patrick Kelley.
9. *Father's Occupation*, Moulder.
10. *Father's Birthplace*, Ireland.

Name of Medical Attendant, or other Person who makes this Return Mrs E A White.

Address, #940 Ensor Street.

Remarks,

6950093021

...ch, or in other ways can contribute, whether still-born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children."

...D. DULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 70713

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (*state whether 1st, 2d, 3d, &c.*) 8

1. *Sex,* (*state whether male or female*) female
2. *Race or Color,* (*if not of the white race*) white
3. *Date of Birth,* 16 December
4. *Place of Birth.* (*Street and Number*) 1453 Garrett Av
5. *Full Name of Mother,* Franziska Schröder
6. *Mother's Maiden Name,* Reis
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Johann Schröder
9. *Father's Occupation* Lohner
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Ralf. W. Jones

Address, 1331 Hull St

Remarks,

8 7 5 0 0 0 8 0 2 2

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health, certificate between the first and shall occur without the assistance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth of any child, or should the birth of any child become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70714

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First Child

1. *Sex, (state whether male or female)* Female Color

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* 4 Dec 1895

4. *Place of Birth, (Street and Number)* 8 Bethel St

5. *Full Name of Mother,* Mrs Mary Ball

6. *Mother's Maiden Name,* Miss Mary Bard

7. *Mother's Birthplace,* Maryland

8. *Full Name of Father,* Mr Charles Ball

9. *Father's Occupation* Capitan Sailor

10. *Father's Birthplace,* Lancaster Co Pa

Name of Medical Attendant, or other person who makes this Return Swan Hopper

Address, 123 Durham St

Remarks, Note remarks

Dr Bell

8950005023

been consigned) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, to the form of a certificate herein, the date and place of birth; and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, will be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70715

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, 16th December
4. Place of Birth, (Street and Number) 317 S. Eight St.
5. Full Name of Mother, Mary Goldman
6. Mother's Maiden Name, Mary Goldman
7. Mother's Birthplace, Palanga
8. Full Name of Father, Max Goldman
9. Father's Occupation, Peddler
10. Father's Birthplace, Palanga

Name of Medical Attendant, or other person who makes this Return. Jetta Klawansky

Address, 1022 E. Fairmount Ave

Remarks,

8950008024

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or shall occur in other cases in which attendance upon the mother, immediately thereafter, shall be required, the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 3-5-59

RETURN OF A BIRTH.

70716

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Melvin Bronson

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Todes

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Dec. 17th 1895
4. *Place of Birth, (Street and Number)* 234 N. Cary st.
5. *Full Name of Mother,* Sarah Todes
6. *Mother's Maiden Name,* " Bronson
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father,* Solomon Todes
9. *Father's Occupation* Merchant
10. *Father's Birthplace,* Europe

Name of Medical Attendant, or other person who makes this Return, Mrs C. Bernstein

Address, 122 S. Exeter st.

Remarks,

8950003025

er his or her care during the
[illegible] as [illegible] as the same can be ascertained the full name of each child, (if any shall have
been conferred,) its sex, color, the full name and occupation of its parents, the date and place of birth; and the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70717

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 17th Dec 1895

4. Place of Birth, (Street and Number) Baltimore Md No 1249 Glyndon A.

5. Full Name of Mother, Alice L Kreamer

6. Mother's Maiden Name, Wilkins

7. Mother's Birthplace, Baltimore Md

8. Full Name of Father, Milton T. Kreamer.

9. Father's Occupation Baltimore Md

10. Father's Birthplace, Labor.

Name of Medical Attendant, or other person who makes this Return, Mary Kenny

Address, 414 S Fricker St

Remarks, Mother and Child are doing well.

6750008026

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] sex, color, the full name and occupation of his parents, the date and place of birth; and the [illegible] of each child, (if any shall have been born before,) duly signed by the physician of his parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the physician or midwife, or person who shall have been in attendance without the attendance of a physician or midwife, to the office of the Commissioner of Health. In case the first and every subsequent child shall be born in a hospital or other institution, or if from any other cause no physician or midwife be in attendance upon the mother, immediately thereafter, it shall become the duty of the person in charge of such hospital or other institution, or of such other person, to report the birth of such child to the Commissioner of Health, in the form of a certificate to be furnished by the Commissioner of Health, in the form of a certificate to be furnished by the Commissioner of Health. In case the first and every such person or persons shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70718

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) No 6 Dec 17

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* December 17
4. *Place of Birth, (Street and Number)* 1425 Ward St
5. *Full Name of Mother,* Erebeler Royal
6. *Mother's Maiden Name,* Eleber Scott
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Albion Royal
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return. Mrs Lucia A Mills

Address, 1360 Cleveland St

Remarks, Coming along wonderfull well

8 9 5 0 0 0 8 0 2 7

Wm. J. C. Dulany Co., City Printers and Stationers.

Sign conferred) in sex, color, the full name and occupation, if any, of the father, the date and place of birth, and the full name of each child. (If any shall have been born dead, the fact shall be so certified.) The certificate shall be given the first said physician or midwife who shall be in attendance at the birth, or shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in manner and within the time prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for such offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70719

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 17 December ~~1902~~
4. *Place of Birth, (Street and Number)* 1208 Preston St.
5. *Full Name of Mother,* Maggie Welsch
6. *Mother's Maiden Name,* Cassly
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* John Welsch
9. *Father's Occupation* =
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Anna Walker

Address, 928 N. Centrale Av.

Remarks,

8950008028

been omitted) its sex, color, the full name and occupation of its parents, the date and place of its birth, and the name and address of the attending physician or midwife, or other person who shall have delivered such child, and the third day of each and every month thereafter, a certificate in the form of a schedule to be furnished by the Commissioner of Health, in case the birth of any child shall occur without the presence of a physician or midwife, or should no other person be in attendance, then the mother, immediately thereafter, is the manner and within the time required, and shall forward its birth to the Commissioner, or shall become the duty of the person above required, and any such person or persons who shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70720

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, Dec. 17 1905

4. Place of Birth, (Street and Number) 1627 n Carey St.

5. Full Name of Mother, Julia Weinberg

6. Mother's Maiden Name, Julia Garrielle

7. Mother's Birthplace, Lutherville Md

8. Full Name of Father, Henry Weinberg

9. Father's Occupation Conductor

10. Father's Birthplace, Alexandria Virginia

Name of Medical Attendant, or other person who makes this Return. Edw. C. Herbert M.D.

Address, 2422 Prince Ave

Remarks. 8 9 5 0 0 0 8 0 2 9

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] sex, color, the full name and occupation of its parents, the date and place of birth, and the number of each child, if any, shall be delivered, duly signed, to the office of the Commissioner of Health, and the said schedule shall be delivered, duly signed, to the practitioner in the form of a certificate the birth of any child shall occur without the attendance of a physician or practitioner, the person or parents of such child shall upon the mother, immediately thereafter, in the manner and within the period of time specified, report the birth of such child to the Commissioner of Health. In the manner and within the period of time specified in this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70721

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Boy

2. Race or Color, (if not of the white race) White

3. Date of Birth, 17 December

4. Place of Birth, (Street and Number) 222 Albemarle St.

5. Full Name of Mother, Sarah Barnstein

6. Mother's Maiden Name, Sarah Smith

7. Mother's Birthplace, Wilna

8. Full Name of Father, Sam Barnstein

9. Father's Occupation, Tailor

10. Father's Birthplace, Wilna

Name of Medical Attendant, or other person who makes this Return, Yetta Klawansky

Address, 1022 E. Lombard St.

Remarks,

8750000030

[illegible] parents, the date and place of birth; and the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

70722

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth December 17th 1895
4. Place of Birth, (Street and Number) 1735 Bolton St.
5. Full Name of Mother, Ada Lavabee
6. Mother's Maiden Name, Mann
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, Albert T. Lavabee
9. Father's Occupation, Clerk
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other Person who makes this Return. Olive S. Parkhurst M.D.

Address, 1410 Park Avenue

Remarks,

6 7 5 0 0 0 0 3 1

...parents, the date and place of birth, and the sex and color, the full name and occupation of its father and mother, and the maiden name of its mother, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the Office of the Commissioner of Health. In case the child dies within three days without the attendance of a Physician or practitioner of mid-wifery, or after the expiration of the period of three days, it shall be the duty of the nurse or attendant of such child, to be in attendance upon the mother, immediately thereafter it shall and within the period above required, and any such person report its birth to the Commissioner of Health, in the manner provided in the provisions of this section, shall be subjected to the fine of ten (10) dollars or persons who shall hereafter be employed in the capacity of nurses or attendants of such child, to for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 70723

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (State whether male or female)* Male,

2. *Race or color, (if not of the white race)* White,

3. *Date of Birth,* Dec 18th 95,

4. *Place of Birth, (Street and Number)* 1219 Hanover st

5. *Full Name of Mother,* Annie G. Nicholson,

6. *Mother's Maiden Name,* Annie G. Orme,

7. *Mother's Birthplace,* Balto City,

8. *Full Name of Father,* Harry G. Nicholson,

9. *Father's Occupation,* Japaner,

10. *Father's Birthplace,* Balto City,

Name of Medical Attendant, or other person who makes this Return. Chas. B. Ziegler

Address, 920 N Broadway

Remarks, 8950008032

...each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

A. G. BULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 70724

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2ed.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Dec 18th, 1895 6.15 PM.
4. *Place of Birth, (Street and Number)* 598 Roberts St.
5. *Full Name of Mother,* Laura V. R. Morris
6. *Mother's Maiden Name,* Laura V. Roberts
7. *Mother's Birthplace,* Harford Co.
8. *Full Name of Father,* Alonzo Morris
9. *Father's Occupation* Painter.
10. *Father's Birthplace,* Philadelphia Pa

Name of Medical Attendant, or other person who makes this Return. Cora Belle Brewster M.D.

Address, 1027 Madison Ave

Remarks,

8 9 5 0 0 0 8 0 3 3

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall consist of his sex, color, the full name and occupation of his parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the officer of the district, on the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance who shall be a duly qualified person, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period herein prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70728

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7.

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 18 December
4. *Place of Birth, (Street and Number)* 1351 Hill st.
5. *Full Name of Mother,* Mary A. Cain
6. *Mother's Maiden Name,* Mairs
7. *Mother's Birthplace,* N. F. Newfoundland
8. *Full Name of Father,* John Cain
9. *Father's Occupation* Chief Engener.
10. *Father's Birthplace,* Cape May

Name of Medical Attendant, or other person who makes this Return, Ed. J. Mfinn

Address, 1331 Hill st.

Remarks,

8 9 5 0 0 0 3 0 3 4

been collected) the sex, color, the full name and occupation of its parents, the date of birth, and the well or stillborn, and the number of the child of the mother, if it be between the first and twelfth; shall be delivered, duly signed by the practitioner, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the birth to the Commissioner of Health, in the manner and within the time prescribed, immediately thereafter, it shall become the duty of the person in charge of such child to report the birth to the Commissioner of Health, in the manner and within the time prescribed above required, and shall report the birth to the Board of Health, in the manner and within the time required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70726

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Dec 18th 1895
4. *Place of Birth, (Street and Number)* Nos 33 Frederick Ave corner
5. *Full Name of Mother,* Marie Jefferson
6. *Mother's Maiden Name,* Marie Limerick
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* Andrew Jefferson
9. *Father's Occupation* Labour
10. *Father's Birthplace,* Denmark

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8 9 5 0 0 0 3 0 3 5

Wm. J. C. Dulany Co., City Printers and Stationers.

Sec. 1. Each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur within the city of Baltimore, in the absence of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH, 70727

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th Child

1. *Sex (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* Dec. 18th 1875
4. *Place of Birth, (Street and Number)* No. 932 Cathedral St.
5. *Full Name of Mother* Elizabeth Rogers
6. *Mother's Maiden Name* Elizabeth Smith
7. *Mother's Birthplace* Baltimore, Md.
8. *Full Name of Father* George Warner Rogers
9. *Father's Occupation* Tobacco
10. *Father's Birthplace* Baltimore, Md.

Name of Medical Attendant, or other Person who makes this Return. Dr. Hale Harrison

Address 1047 N. Eutaw St.

Remarks

Donna Hall

8950003036

Note.—Under this head state whether born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 70728

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec. 1st 95
4. Place of Birth, (Street and Number) 6 x x W. Lombard St
5. Full Name of Mother, Annie Dashiell
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, M. R. Bowie

Address, 6 x x W. Lombard St

Remarks,

8950008037

been conferred) its sex, color, the full name and occupation of its father, its maiden name, etc., shall, if any shall have been conferred, duly be entered in the certificate of birth, and the date and place of birth of any child shall be delivered, duly signed by the practitioner in the case of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall be the duty of the person or persons so attended and the third day of each and every month to send a certificate between the 1st and 10th days of each and every month to the office of the Commissioner of Health, in the manner and with the forms prescribed and shall occur within the city of Baltimore, and within the period above recited, of such birth, or shall be the attendance of a physician or midwife, or should no other person be in attendance upon the mother immediately thereafter, it shall be the duty of the person or persons so attended and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be and subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70729

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec. 1st 1895
4. *Place of Birth, (Street and Number)* 622 N. Lombard St
5. *Full Name of Mother,* Minnie Griffin
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this return. J. McF. Dick

Address, 622 N. Lombard St

Remarks,

8 9 5 0 0 0 8 0 3 8

Wm. J. C. Dulany Co., City Printers and Stationers.

being conferred) the sex, color, the full name can be ascertained, the full name of each child, (if any shall have been given) the date and place of birth, the full name and occupation of its parents, the date and place of birth, and the maiden name of the mother, shall be entered in a book to be kept by the Registrar of Vital Statistics, in the form of a certificate between the first and third day of each and every month; the office of the Commissioner of Health, in case of the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should the other return be made in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report the birth to the Registrar, who shall be empowered to administer the oath to any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70730

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 1 - 95
4. *Place of Birth, (Street and Number)* 651 W. German St
5. *Full Name of Mother,* Mrs. F. A. Woodroff
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Dr. F. Deck

Address, 600 W Lombard St.

Remarks,

8950003039

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, it shall be the duty of the person or persons of such attendance upon the birth to report the same to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70731

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec. 2 — 95
4. *Place of Birth, (Street and Number)* 602 W. Lombard St
5. *Full Name of Mother,* May Meier
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. M. R. Bruin

Address, 602 W. Lombard St

Remarks,

8950003040

Wm. J. C. Dulany Co., City Printers and Stationers.

Sec. 1. Be it ordained, that as soon as the same can be ascertained, the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner or midwife, it shall be the duty of the person in charge of the attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70732

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 1

1. *Sex*, (*state whether male or female*) Male
2. *Race or Color*, (*if not of the white race*) Colored
3. *Date of Birth*, Dec 2 - 93
4. *Place of Birth*, (*Street and Number*) 602 W Lombard St
5. *Full Name of Mother*, Martha Dorsey
6. *Mother's Maiden Name*,
7. *Mother's Birthplace*,
8. *Full Name of Father*,
9. *Father's Occupation*
10. *Father's Birthplace*,

Name of Medical Attendant, or other person who makes this Return, Jno. F. Dick

Address, 602 W Lombard St

Remarks,

6750008041

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the [illegible] shall be delivered, immediately to the office of the Commissioner of Health, in the manner and form of such schedule shall be prescribed by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately after the birth of any child, or the parents of such child shall become the sole attendants, it shall become the duty of the parents or parents of such child, within the period above required, and in the manner and form above prescribed, to report its birth to the Commissioner of Health, in the manner and form above prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70733

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 1

1. *Sex*, (*state whether male or female*) Male
2. *Race or Color*, (*if not of the white race*) White
3. *Date of Birth*, Oct 7
4. *Place of Birth*, (*Street and Number*) 622 W. Lombard St
5. *Full Name of Mother*, Mary Hambright
6. *Mother's Maiden Name*,
7. *Mother's Birthplace*,
8. *Full Name of Father*,
9. *Father's Occupation*
10. *Father's Birthplace*,

Name of Medical Attendant, or other person who makes this Return. Jno T. Dick

Address, 622 W. Lombard St

Remarks,

8 7 5 0 0 0 9 0 4 2

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] color, the full name and occupation of its parents, the date and place of birth, and the [illegible] shall be delivered, duly authenticated by the practitioner, or the person who shall have said schedule each and every month, to the office of the Commissioner of Health. In case no other person [illegible] third day of every month, or oftener if so required by the Commissioner of Health, in the manner [illegible] and day without the aid of a physician or midwife, or the person or parents of such child [illegible] attendance upon the birth in the Commissioner's office, within the period above required, and child to report, or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70784

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 14

1. *Sex*, (*state whether male or female*) Male
2. *Race or Color*, (*if not of the white race*) Colored
3. *Date of Birth*, Dec. 3 1900
4. *Place of Birth*, (*Street and Number*) 673 Penn Alley
5. *Full Name of Mother*, Gracie White
6. *Mother's Maiden Name*,
7. *Mother's Birthplace*,
8. *Full Name of Father*,
9. *Father's Occupation*
10. *Father's Birthplace*,

Name of Medical Attendant, or other person who makes this Return. A. R. Brown

Address, 639 W Lombard St

Remarks,

8 4 5 0 0 0 8 0 4 3

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered to the person or practioner of midwifery, or the person or parents of such child every month to the office of the Commissioner of Health. In case no other person be in attendance, such person or practioner of midwifery, shall be required to report such birth within the period above required, and shall comply with the provisions of this section, and any such person or practioner of midwifery who shall neglect or refuse to report the birth of any child to report its birth to the Commissioner of Health, or to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70735

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

any shall have its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* Colored.

3. *Date of Birth,* Dec. 4/95

4. *Place of Birth, (Street and Number)* Maternité 113+115 W. Lombard.

5. *Full Name of Mother,* Mary Gaskins

6. *Mother's Maiden Name,* Mary Gaskins

7. *Mother's Birthplace,* Maryland.

8. *Full Name of Father,*

9. *Father's Occupation*

10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Chas. E. Brack M.D.

Address, 113+115 W. Lombard St.

Remarks,

8950008044

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70736

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 5 - 98
4. *Place of Birth, (Street and Number)* 677 W Lombard St
5. *Full Name of Mother,* Maggie Seymour
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. M R Brum

Address, 677 W Lombard St

Remarks,

8 9 5 0 0 0 8 0 4 5

Wm. C. Dulany Co., City Printers and Stationers.

ent concerning its sex, color, the full name and occupation of its parents, the date and place of birth, in the city, and have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate to the office of the Registrar, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother at the time of the birth, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be and are hereby subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70737

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored.

3. Date of Birth, Dec. 6th 195

4. Place of Birth, (Street and Number) Maternity 113+115 N. Lombard

5. Full Name of Mother, Nellie Roberts

6. Mother's Maiden Name, Nellie Roberts

7. Mother's Birthplace, ~~Grace Lord.~~ Virginia

8. Full Name of Father,

9. Father's Occupation

10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. Chas. E. Byrd M.D.

Address, 113+115 N. Lombard.

Remarks,

8950000046

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70738

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec. 7 97
4. *Place of Birth, (Street and Number)* 622 W. Lombard St
5. *Full Name of Mother,* Annie Taylor
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Jno. F. Dick

Address, 622 W. Lombard St

Remarks,

8 9 5 0 0 0 8 0 4 7

RETURN OF A BIRTH. 70739

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Feb 7 95
4. *Place of Birth, (Street and Number)* 806 Plum Alley
5. *Full Name of Mother,* Carrie Garrett
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, M. R. Brown

Address, 632 W Lombard St

Remarks,

8950003048

Wm. J. C. Dulany Co., City Printers and Stationers.

...n concerned) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the person who shall have the care of such child, or to the parent, if it become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period prescribed by law; and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70 340

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) X

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Dec 8
4. Place of Birth, (Street and Number) 752 E Pine St
5. Full Name of Mother, Nettie Williams
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Geo F. Dill

Address, 602 W Lombard St

Remarks,

8 4 5 0 0 0 3 0 4 9

Wm. C. Dulany Co., City Printers and Stationers.

[illegible] contained its sex, color, the full name and occupation of its parents, the date and place of birth, and the [illegible] delivered, duly signed by the physician or other person in the form of a certificate between the first and [illegible] of the Commissioner of Health. In case no other person shall [illegible] the birth of any child [illegible] the office of the Commissioner of Health, or should no other person [illegible] certificate of such birth, the person or persons who attended or officiated, and [illegible] said schedule shall, and every month of a physician, if shall neglect or refuse to do so, in the manner and within the [illegible] third day of the month following the birth, or within the period above [illegible] the duty of the physician or other person who shall be sub- [illegible] shall occur upon the month's return, or shall neglect or refuse to comply with the rules and regulations of this Board, shall be sub- [illegible] to report its or their persons who shall neglect or refuse to comply with the rules and regulations of this Board, shall be sub- [illegible] any such person or persons shall be recovered as other fines and forfeitures are recoverable. [illegible] jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70741

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Dec. 8 - 95
4. *Place of Birth, (Street and Number)* 600 W Lombard St
5. *Full Name of Mother,* May Orr
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. Jno J Dick

Address, 600 W Lombard St

Remarks,

8950003050

Wm. C. Dulany Co., City Printers and Stationers.

been conferred) his sex, the date of birth, the full name and occupation of its parents, the date of their marriage, the place of birth and the full name of each child born to the mother, the date of birth of each child, the place of birth, the number of children born to the mother between the first and the present birth, the number of children living, and the number of children dead, and the place of burial of each of the latter, and the name of the person who shall have been employed to attend the birth, and the place where the child was delivered, duly signed by the practitioner, midwife or other person who shall have been present at the birth, and the said certificate shall be delivered to the person or persons who shall have been employed to attend the birth, or shall be left at the place where the child was delivered, and every month to the office of the Commissioner of Health, or should no other person be present, or be employed to attend the birth, then the said certificate shall be delivered to the person or persons who shall have been present at the birth, or shall be left at the place where the child was delivered, and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or other person above required, and the person in attendance upon the mother, shall be unwilling or unable to give the above required information, the mother, or the person in charge of the house where the child was born, or the person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70942

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Dec 10 93
4. *Place of Birth, (Street and Number)* Cor W Lombard St
5. *Full Name of Mother,* Georgiana Cole
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return J M R Bruin

Address, Cor W Lombard St

Remarks,

8 9 5 0 0 0 3 0 5 1

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70743

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Oct 10 93
4. *Place of Birth, (Street and Number)* 607 W Lombard St
5. *Full Name of Mother,* Carrie Bell
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. M R Bruin

Address, 607 W Lombard St

Remarks,

8 9 5 0 0 0 8 0 5 2

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, at least one week before the birth of any child shall occur without the attendance upon the mother, immediately thereafter, of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons so in attendance to report the birth to the Commissioner of Health, in the manner as herein provided, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70744

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

concerned) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec. 11 - 93
4. *Place of Birth, (Street and Number)* 627 W Lombard St
5. *Full Name of Mother,* Bessie Smith
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Jno. F. Dick

Address, 627 W Lombard St

Remarks,

845U003053

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70745

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) V

1. *Sex*, (*state whether male or female*) Female
2. *Race or Color*, (*if not of the white race*) Colored
3. *Date of Birth*, Dec 11 - 96
4. *Place of Birth*, (*Street and Number*) 607 N. Lombard St
5. *Full Name of Mother*, Lena Thompson
6. *Mother's Maiden Name*,
7. *Mother's Birthplace*,
8. *Full Name of Father*,
9. *Father's Occupation*
10. *Father's Birthplace*,

Name of Medical Attendant, or other person who makes this Return. Dr. L. Bowie

Address, 607 N. Lombard St

Remarks,

8 7 5 0 0 0 3 0 5 4

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] name and occupation of its parents, the date and place of birth; and the [illegible] duly signed by the practitioner, or other person who shall have [illegible] of a certificate between the first and [illegible] of the birth of any child [illegible] Commissioner of Health. In case the birth of any child [illegible] said schedule shall be delivered, duly signed by the practitioner, or other person who shall have [illegible] every month to the office of the Commissioner of Health. In case the birth of any child [illegible] third day of such month, or if such birth or births occur within the period above required, and [illegible] without the attendance of a physician or midwife, or the person or parents of such [illegible] attendance upon the mother, Commissioner of Health, in the manner and within the period above required, and [illegible] child to report its birth, or any person who shall hereafter fail to comply with the provisions of this section, shall be [illegible] any such person or persons who shall hereafter fail to report, or neglect to do so, shall be subject to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70746

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Sep 5th 95
4. *Place of Birth, (Street and Number)* 6 N Lombard
5. *Full Name of Mother,* Jmy Saunders
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. Dr R Brown

Address, 6 N Lombard st

Remarks,

8950008055

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] the sex, color, the full name and occupation of its parents, the date and place of birth, and the [illegible] signed by the practitioner, or the person who shall be present at the birth of any child [illegible] the office of the Commissioner of Health, in the form of a certificate to be given the first and [illegible] practitioner of midwifery, or the person or persons who shall be present at the birth of such [illegible] attendance of a physician or midwife, it shall become and within the period of five days of such [illegible] the manner and within the period above required, and shall occur without the attendance of a physician or midwife, the person or persons who shall be present at the birth of such child, in the manner and within the period above required, and in default thereof the mother, immediately after the birth of such child, to report its birth to the Board of Health, to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70747

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 1

1. *Sex*, (*state whether male or female*) Male
2. *Race or Color*, (*if not of the white race*) White
3. *Date of Birth*, Dec 14 95
4. *Place of Birth*, (*Street and Number*) 120 W. West St
5. *Full Name of Mother*, Bell Vogel
6. *Mother's Maiden Name*,
7. *Mother's Birthplace*,
8. *Full Name of Father*,
9. *Father's Occupation*
10. *Father's Birthplace*,

Name of Medical Attendant, or other person who makes this Return. J. McF. Dick

Address, 677 W. Lombard St

Remarks,

8950008056

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] sex, color, the full name and occupation of its parents, the date and place of birth, and the [illegible] be delivered, duly signed by the practitioner, or person who shall have [illegible] the form of a certificate to be given to the first and [illegible] the office of the commissioner of health. If no such person be present at the birth of any child [illegible] of the commissioner of midwifery, of the person or persons who shall [illegible] said schedule, each and every member of a physician or midwife, or other person who shall have [illegible] shall become and within the period hereinafter specified, shall be required, and [illegible] or midwife, or other person who shall have [illegible] within the period specified in this section shall be subject to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70748

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 12/15/95
4. *Place of Birth, (Street and Number)* Maternity 113+115 N. Lombard
5. *Full Name of Mother,* Grace Turner
6. *Mother's Maiden Name,* Grace Turner
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. Chas. E. Pugh M.D.

Address, 113+115 N. Lombard.

Remarks,

8 9 5 0 0 0 8 0 5 7

said obstetric shall be delivered, duly signed by the practitioner or attendant, or in the absence of such practitioner or attendant, by the person in charge of the case, a certificate containing the name and occupation of its parents, the date and place of birth, and the sex of the child, which certificate shall be delivered to the office of the Commissioner of Health, in the form of a certificate between the parents of any child born alive each and every month to the office of the Commissioner of Health. In case no other person be in attendance upon the mother, the person in charge of the office of the Commissioner of Health, in the form of a certificate between the parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any attorney or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70949

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 15 - 95
4. Place of Birth, (Street and Number) 619 W Lombard St
5. Full Name of Mother, Laura Gould
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. J. M. G. Dick

Address, 619 W Lombard St

Remarks,

8950008058

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] name and occupation of the parents, the date and place of birth; and the [illegible] shall be delivered, duly signed by the attendant, in the form of a certificate between the first and [illegible] day of each and every month to the office of the Commissioner of Health. In case no other person be in [illegible] or physician or practioner of midwifery, of the person or parents of such [illegible] shall occur without the attendance of a physician or practioner of midwifery, of the person or parents of such [illegible] said schedule shall be delivered, duly signed by the attendant, within the period above required and [illegible] attendance upon the same to the Commissioner of Health, to comply with the provisions of this section shall [illegible] child to report such birth to the Commissioner of Health, or to comply with the provisions of this section shall [illegible] any person or persons who shall hereby fail to comply with the provisions of this section shall [illegible] liable to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth and the
delivered, duly signed by the practitioner in charge of the case, or by the person in charge of such
schedule shall be delivered at the office of the Commissioner of Health, in the manner and form of a certificate for the birth of any child
every month to a physician or it shall become and within the period required, and
shall once upon the notice Commissioner fail to comply with the provisions of this section shall be sub-
immediately thereto, or any person who shall fail to report its birth, or any person who shall violate any provisions of this section, shall be
dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70750

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Dec 15 9 1
4. Place of Birth, (Street and Number) 71 & 1 Lucadon ex
5. Full Name of Mother, Lillie Jones
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. M. R. Brison

Address, 647 W. Lombard St

Remarks,

8 7 5 0 0 0 8 0 5 9

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70751

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether mate or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Dec 16
4. *Ptace of Birth, (Street and Number)* 517 Burgundy Alley
5. *Full Name of Mother,* Laura Smith
6. *Mother's Maiden Name,*
7. *Mother's Birthptace,*
8. *Futt Name of Father,*
9. *Father's Occupation*
10. *Father's Birthptace,*

Name of Medicat Attendant, or other person who makes this Return, M. R. Bruin

Address, 622 W. Lombard St.

Remarks,

1 8 9 5 0 0 0 8 0 6 0

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and live said schedule shall be delivered, duly signed by the attendant or other person, to the Registrar of Vital Statistics, or any e all live child born within the city of Baltimore, to report its birth to the office of the Commissioner of Health. In case the birth of any child child to report its birth to the Commissioner of Health, it shall become the duty of the person or persons be in attendance upon the mother immediately after the birth of such child, to report such birth as aforesaid. Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be sub- jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70752

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Grace J McIver

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sept 16 - 95
4. Place of Birth, (Street and Number) 2132 Hollins St.
5. Full Name of Mother, Mary McIver
6. Mother's Maiden Name, Mary Lee McCaine
7. Mother's Birthplace, Danville, Va
8. Full Name of Father, John Roy McIver
9. Father's Occupation Builder
10. Father's Birthplace, North Carolina

Name of Medical Attendant, or other person who makes this Return. J. McF. Dick

Address, Cor W. Lombard St

Remarks.

8 9 5 0 0 0 3 0 6 1

Wm. J. C. Dulany Co., City Printers and Stationers.

Such schedule shall be delivered, duly signed by the Registrar of the Board of Health, or other person, to the Commissioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or should no other person be in attendance at such office, to the person who shall be in the duty of the Registrar, and shall occur without the mother, immediately after the birth, or the person above required, and attendance, to the Registrar of Vital Statistics, who shall hereafter fill, to comply with the provisions of this section shall be a child, or person or persons who shall hereafter fail to report such birth to the Registrar, or other person, in case the birth of any be ill, such person or persons shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

SEC. [illegible] Every [illegible] shall [illegible] a certificate [illegible] of its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70353

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Dec 17 92
4. *Place of Birth, (Street and Number)* Carson Alley
5. *Full Name of Mother,* Fannie Sheppard
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, J. C. J. Alex

Address, 602 W. Lombard St.

Remarks.

8950008062

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70754

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec. 17th/95
4. Place of Birth, (Street and Number) Maternity 113+115 N. Lombard
5. Full Name of Mother, Maggie Colston
6. Mother's Maiden Name, Maggie Colston
7. Mother's Birthplace, Virginia
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Chas. E. Bach M.D.

Address. 113+115 N. Lombard

Remarks,

8 4 5 0 0 0 2 0 6 3

shall schedule shall be delivered, duly signed, to the Commissioner of Health, in the manner and form of a certificate to be furnished by the Commissioner of Health. Every person who shall be in attendance at the birth of any child shall on or before the first and third day of each and every month to be, and shall become due within the period of one month, and shall occur within the month, Commissioner, or shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70755

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 19 - 93
4. Place of Birth, (Street and Number) 622 W Lombard St
5. Full Name of Mother, Cora Kinneman
6. Mother's Maiden Name,
7. Mother's Birthplace,
8. Full Name of Father,
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, M. A. O'Brien

Address, 622 W Lombard St.

Remarks,

8950003064

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] sex, color, the full name and occupation of its parents, the date and place of birth, and the [illegible] shall be delivered, duly signed by the practitioner in the form of a certificate between the first and [illegible] said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health; or, should no other person be in [illegible] shall occur without the attendance of a physician or practitioner of medicine, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and [illegible] affidavit or the sworn statement of the mother, or father, or other person, shall be sufficient to establish the birth; [illegible] any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70756

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Dec 20 - 95
4. *Place of Birth, (Street and Number)* 577 King St
5. *Full Name of Mother,* Alice Bowman
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. M. R. Brown

Address, 692 W Lombard St

Remarks,

8950008065

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and the third days of each and every month to the office of the Commissioner of Health. In case the birth of any child attended by a midwife or other person shall occur in the absence of the father, or parents of such child, the said midwife or other person shall be in attendance upon the mother, immediately thereafter it shall be the duty of the father, or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the penalty of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70787

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 12 - 99
4. *Place of Birth, (Street and Number)* 640 W. Lombard St
5. *Full Name of Mother,* Mrs. J. F. Gaskins
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, M. F. Dick

Address, 640 W. Lombard St

Remarks,

8 9 5 0 0 0 8 0 6 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70758

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Dec 22 - 95
4. *Place of Birth, (Street and Number)* 611 W Lombard St
5. *Full Name of Mother,* Ella Lawrence
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Jas E F Dix

Address, 611 W Lombard St

Remarks,

6950008067

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] of a fine of [illegible] dollars, to be paid by the person or persons who shall have said schedule shall be delivered, duly signed by the attendant, or the person who shall have been the attendant, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70759

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec. 22 — 93
4. *Place of Birth, (Street and Number)* 672 N. Lombard St
5. *Full Name of Mother,* Carrie Bulle
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, M. R. Brown

Address, 672 N. Lombard St

Remarks,

8950008068

Wm. J. C. Dulany Co., City Printers and Stationers.

Each physician, midwife, or other person who shall attend upon the birth of a child, shall be required to make a return of such birth, and give the name and occupation of its parents, the date and place of birth, and give said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in midwifery, or should no other person be in attendance upon the mother, immediately after the birth, of the person or persons required by law to report such child to report its birth to the Commissioner of Health, in the manner and within the period above required, such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70760

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec. 24 - 95
4. *Place of Birth, (Street and Number)* 692 W Lombard St
5. *Full Name of Mother,* Annie Cohen
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, A. R. Brum

Address, 692 W Lombard St

Remarks,

8 9 5 0 0 0 8 0 6 9

Wm. J. C. Dulany Co., City Printers and Stationers.

Said child will be sex, color, the full name and occupation of its parents, the date and place of its birth; and the physician or midwife shall be delivered, duly signed by the practitioner in the form of a certificate between the first and tenth day of each month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period prescribed by law, and any and every person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70761

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Dec 17th 95
4. *Place of Birth, (Street and Number)* 420 Lemon St
5. *Full Name of Mother,* Annie Johnson
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,*
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. Jas F Dick

Address, 620 W Lombard

Remarks,

8 9 5 0 0 0 3 0 7 0

Wm. C. Dulany Co., City Printers and Stationers.

Any person who shall be delivered of a child, shall give the name and occupation of its parents, the date and place of birth; and the name of the child, if any, shall be delivered, duly signed by the practitioner in the form of a certificate between the first and fifth days of each month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the person in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter it shall become the duty of the person or other person to be in such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70762

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored.
3. *Date of Birth,* Mar. 30/95
4. *Place of Birth, (Street and Number)* Maternity 113+115 N. Lombard.
5. *Full Name of Mother,* Elsamora Pallet
6. *Mother's Maiden Name,* Elsamora Pallet
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,*
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, Chas. E. Brack M.D.

Address, 113+115 N. Lombard.

Remarks,

8 9 5 0 0 0 8 0 7 1

and schedule shall be delivered, duly signed by the practitioner in the form of this blank, the date and place of birth, and the sex of each child, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person or parents of such child to report to the Commissioner of Health, in the manner and within the period above prescribed, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70763

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Nov. 30th/95
4. *Place of Birth, (Street and Number)* Maternity 113+115 N. Lombard St.
5. *Full Name of Mother,* Sophie Smith
6. *Mother's Maiden Name,* Sophie Smith
7. *Mother's Birthplace,* North Carolina
8. *Full Name of Father,* "
9. *Father's Occupation* "
10. *Father's Birthplace,* "

Name of Medical Attendant, or other person who makes this Return, Chas. E. Brack M.D.

Address, 113+115 N. Lombard.

Remarks,

8 9 5 0 0 0 8 0 7 2

said schedule shall be delivered, duly signed by the occupation or as parents, the date and place of birth and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, it shall be the duty of the person in charge of such child to report the birth to the Commissioner of Health, in the manner and within the period above recited, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered, as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70764

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2. 4

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 1st of December 95
4. *Place of Birth, (Street and Number)* Waters Lane near Wood
5. *Full Name of Mother,* Louise Binder
6. *Mother's Maiden Name,* Louise Geisel
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Frank Binder
9. *Father's Occupation* Butcher
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Friederike Hauler Midwife

Address, 2116 W Pratt St

Remarks,

8 9 5 0 0 0 8 0 7 3

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Board of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, midwife or other person in the attendance upon the mother, immediately thereafter it shall become the duty of the person or persons so to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall have failed to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered in other cases all forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

CITY CLERK ADDED 3-11-55

RETURN OF A BIRTH 40765

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Jacob George Munzing

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 1st of December g.s.
4. Place of Birth, (Street and Number) 2033 Frederick Road
5. Full Name of Mother, Louise Münzing
6. Mother's Maiden Name, Louise Hofmeister
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Georg Münzing
9. Father's Occupation Barber
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Friederike Heeler midwife

Address, 2116 W. Pratt St.

Remarks,

8 9 5 0 0 0 8 0 7 4

and should be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each month, to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the person in charge of such attendance upon the mother, immediately thereafter, to report the birth to the Commissioner of Health, in the manner and within the period above required, and shall be the duty of every person who shall be the parent of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and in default thereof to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70766

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* December 1, 1895.
4. *Place of Birth, (Street and Number)* 2117 Jefferson Place.
5. *Full Name of Mother,* Annie Isabel McCormick.
6. *Mother's Maiden Name,* McNeill.
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* John William McCormick.
9. *Father's Occupation* Carpenter.
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks, —

Wm. J. C. Dulany Co., City Printers and Stationers.

8950008075

RETURN OF A BIRTH. 70767

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* December 2, 1895.
4. *Place of Birth, (Street and Number)* 305 Dillwood ave.
5. *Full Name of Mother,* Sarah Alice Green.
6. *Mother's Maiden Name,* Anderson.
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* Charles Leroy Green.
9. *Father's Occupation* Marble Cutter.
10. *Father's Birthplace,* Ohio.

Name of Medical Attendant, or other person who makes this Return, Chas. N. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks,

8450008076

Wm. J. C. Dulany Co., City Printers and Stationers

and rebellious shall be fined, at the discretion of the Commissioner of Health, not exceeding twenty dollars for each offence; and the full name and occupation of its parents, the date and place of birth, and the third day of each month to the office of the Commissioner of Health, a certificate between the first and shall occur without the attendance of a physician, or practitioner of midwifery, or should neither of the parents of such attendance upon the mother, immediately after, if at the manner provided in the section above required, and child, the person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of twenty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70768

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, December 2d 1895
4. Place of Birth, (Street and Number) 1459 Towson St Locust Point
5. Full Name of Mother, Elisabeth Morgan
6. Mother's Maiden Name, Elisabeth Jones
7. Mother's Birthplace, Carnarvon Wales
8. Full Name of Father, John P. Morgan
9. Father's Occupation Tinmaker
10. Father's Birthplace, Carnarvon Wales

Name of Medical Attendant, or other person who makes this Return, Lina Müller

Address, 1600 Hollbrook St City

Remarks,

5 7 5 0 0 0 8 0 7 7

RETURN OF A BIRTH. 70769

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 ND

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2nd of December 95
4. Place of Birth, (Street and Number) 301 Schmallwood St
5. Full Name of Mother, Anna Langenfeld
6. Mother's Maiden Name, Anna Langhird
7. Mother's Birthplace, Germany
8. Full Name of Father, John Langenfeld
9. Father's Occupation Storekeper
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Friederike Keuler Midwife

Address, 2146 W. Pratt St.

Remarks.

8950008078

Wm. J. C. Dulany Co., City Printers and Stationers.

Sec. 1. Be it enacted by the General Assembly of Maryland, That a certificate of the birth of every child shall be delivered, duly signed by the practitioner in the form of a certificate between the first and fifteenth day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above specified, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70770

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 2nd of December 95
4. Place of Birth, (Street and Number) 308 Forrest St
5. Full Name of Mother, Hedwich Dressel
6. Mother's Maiden Name, Hedwich Greid
7. Mother's Birthplace, Germany
8. Full Name of Father, Joseph Dressel
9. Father's Occupation Minister
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Friederike Keuler midwife

Address, 2116 W. Pratt St.

Remarks,

8950008079

Wm. J. C. Dulany Co., City Printers and Stationers.

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or if the person or parents of such child be unable to report its birth to the Commissioner of Health, the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and otherwise upon the mother, immediately thereafter, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall upon conviction be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate. Every such form and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance who shall be a competent witness, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and with the particulars herein required, and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70771

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 4 Dec.
4. *Place of Birth. (Street and Number)* 536 A Eutaw St
5. *Full Name of Mother,* Carrie Landa
6. *Mother's Maiden Name,* Goldman
7. *Mother's Birthplace,* Balte
8. *Full Name of Father,* Samuel Landa
9. *Father's Occupation* Peddler
10. *Father's Birthplace.* Russia

Name of Medical Attendant, or other person who makes this Return, Mrs D Illig

Address, 1502 E Lexington St

Remarks,

8 9 5 0 0 0 6 0 8 0

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76772

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 5th of December 95
4. Place of Birth, (Street and Number) 2117 Mt. Henry St.
5. Full Name of Mother, Marie Weller
6. Mother's Maiden Name, Marie Baum
7. Mother's Birthplace, Balto
8. Full Name of Father, John D. Weller
9. Father's Occupation Labor
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Friederike Keuler midwife

Address, 2116 W. Pratt St.

Remarks,

8950008081

Wm. J. C. Dulany Co., City Printers and Stationers.

Form 6. Column 1, sex, color, the full name and occupation of its parents, the date and place of birth and the number of the child of its mother, shall be certified by the person or persons who shall have seen the first and said schedule shall be delivered, duly signed by the person or persons who shall have seen the first and third day of each and every month, to the Commissioner of Health. In case the birth of any child shall occur without the presence of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and with the particulars required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70773

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec. 3d, 1895
4. *Place of Birth, (Street and Number)* Bond 814
5. *Full Name of Mother,* Sofilia Francavitch
6. *Mother's Maiden Name,* " Bernackoski
7. *Mother's Birthplace,* Poland
8. *Full Name of Father,* Vincent Francavitch
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Poland

Name of Medical Attendant, or other person who makes this Return, Mary Krotska

Address, 602 S. Bond St.

Remarks,

8 9 5 0 0 0 8 0 8 2

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 70174

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* December 8, 1895.
4. *Place of Birth, (Street and Number)* 510 Roland ave.
5. *Full Name of Mother,* Lily Minerva Mummert.
6. *Mother's Maiden Name,* Wisner.
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* William H. Mummert.
9. *Father's Occupation* Machinist.
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return. Chas. A. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks.

8 9 5 0 0 0 3 0 8 3

Wm. J. C. Dulany Co., City Printers and Stationers.

Each concerning his sex, color, the full name and occupation of his parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall thereupon be the duty of the person or persons in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70775

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Dec 3rd 1893
4. *Place of Birth, (Street and Number)* 1845 Fulton Avenue
5. *Full Name of Mother,* Emma L Gorham
6. *Mother's Maiden Name,* Emma Wallace
7. *Mother's Birthplace,* Frederick City
8. *Full Name of Father,* William L Gorham
9. *Father's Occupation* Hod Carrier
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, Mary Harris

Address, 1809 Lanvale St

Remarks.

8950008084

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of such birth, and be recorded in the office of the Commissioner of Health. In case the birth of my child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately therefor, I shall become and within the period above required, and child to report its birth to the Commissioner of Health, in the manner and form above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70776

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* december the 4th 1895
4. *Place of Birth, (Street and Number)* Craft st No 1410
5. *Full Name of Mother,* Ellen gonand
6. *Mother's Maiden Name,* Ellen Kane
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Timothy gonand
9. *Father's Occupation* Police Officer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. J. Kelly

Address, No 1922 Wilkins Ave

Remarks,

8 9 5 0 0 0 3 0 8 5

Such schedule shall be affirmed, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health, for a full and accurate record of the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of these rules, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 4-6-57

RETURN OF A BIRTH. 70777

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Amelia Wittemann

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Dec 4th 1895
4. Place of Birth, (Street and Number) 110 W Hamburg St
5. Full Name of Mother, Ella Wittemann
6. Mother's Maiden Name, Ella Ross
7. Mother's Birthplace, Balto City
8. Full Name of Father, George Wittemann
9. Father's Occupation, Piano Maker
10. Father's Birthplace, Balto City

Name of Medical Attendant, or other person who makes this Return, Katie A Winch

Address, 800 Hearlen Hall Street

Remarks,

8 7 5 0 0 0 3 0 8 6

Third day of each and every month to the Commissioner of Health, in the manner and in the form prescribed by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall here fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70778

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) //

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Dec 5th
3. *Date of Birth,* Infantile
4. *Place of Birth, (Street and Number)* Ann St. 605
5. *Full Name of Mother,* Gustie Kawalski
6. *Mother's Maiden Name,* // Schulz
7. *Mother's Birthplace,* Poln Germany
8. *Full Name of Father,* John Kawalski
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Poland

Name of Medical Attendant, or other person who makes this Return. Mary Krotzke

Address, 602 Bond St.

Remarks,

8 9 5 0 0 0 3 0 8 7

Wm. J. C. Dulany Co., City Printers and Stationers

Sect. 20. Every child to be born in Baltimore City, shall be reported to the Commissioner of Health, by the physician, midwife, or other person in attendance, within twenty-four hours after the birth, and the parents of such child shall be liable to the penalties provided in this section, if such report be not made within the period prescribed. Sect. 21. Every physician, midwife, or other person who shall be in attendance upon the mother at the birth of any child, shall report its birth to the Commissioner of Health, in the manner and within the period prescribed in the last section, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be and are hereby subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70779

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, 5th Dec.
4. Place of Birth, (Street and Number) Brooklyn A. A. County
5. Full Name of Mother, Louise Lang
6. Mother's Maiden Name, Louise Lehmann
7. Mother's Birthplace, Germany
8. Full Name of Father, John Lang
9. Father's Occupation, Baker
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Katie Münch

Address, 800 Lexington Street

Remarks,

8 4 5 0 0 0 8 0 8 8

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70780

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 6th of December 95
4. *Place of Birth, (Street and Number)* 702 Frederick Av
5. *Full Name of Mother,* Mage Burger
6. *Mother's Maiden Name,* Mage Taylor
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Henry Burger
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Friederike Kessler Midwife

Address, 2116 W. Pratt St.

Remarks,

8 9 5 0 0 0 8 0 8 9

said schedule shall be delivered, duly signed by the practitioner in the form of certificate herein set forth, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practiconer of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period herein prescribed; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 11-23-55

RETURN OF A BIRTH. 70781

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Howard Leroy Anderson

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* December 6, 1895.
4. *Place of Birth, (Street and Number)* 308 Union ave.
5. *Full Name of Mother,* Lily Estella Anderson.
6. *Mother's Maiden Name,* Miles.
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* Alonzo Anderson.
9. *Father's Occupation* Laborer.
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks,

8 4 5 0 0 0 3 0 9 0

Wm. J. C. Dulany Co., City Printers and Stationers

Any person concerned, his sex, color, the full name and occupation of its parents, the date and place of birth, and the name of the child, if any, shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall be the duty of the father or parent of such child, or, in default thereof, the mother, to give notice thereof to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70 782

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, December 7 1895

4. Place of Birth, (Street and Number) No. 164 N. Dallas St

5. Full Name of Mother, Lena Baker

6. Mother's Maiden Name, Lena Langguth

7. Mother's Birthplace, Maryland

8. Full Name of Father, Alfred M. Baker

9. Father's Occupation, Brickmaker

10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return, Geo. A. Colwell M.D.

Address, 1941 Harford ave

Remarks, 8 9 5 0 0 0 3 0 9 1

Wm. J. C. Dulany Co., City Printers and Stationers.

Any schedule shall be delivered, duly signed by the practitioner in the form, at the date and place of birth; and the same shall be signed by the attendant, or person who shall be in charge of the house, in the form of a certificate between the first and third days of each and every month to the office of the commissioner of health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and such person is hereby required, within twenty-four hours after the birth, to report the birth of such child to report its birth. Any persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Orig

RETURN OF A BIRTH. 70783

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 7 Dec
4. *Place of Birth, (Street and Number)* Hill street 107
5. *Full Name of Mother,* Maggie Grand
6. *Mother's Maiden Name,* Kraft
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Grand
9. *Father's Occupation,* Barber
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Katie Münch

Address, 800 Leadenhall Street

Remarks, Full name of child - William C. D. Grand.

8 Y 5 0 0 0 8 0 9 2

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 70784

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	3rd
1. *Sex, (state whether male or female)*	Male
2. *Race or color, (if not of the white race)*	White
3. *Date of Birth,*	Dec. 7th 1895
4. *Place of Birth, (Street and Number)*	2506 Druid Hill ave
5. *Full Name of Mother,*	Minnie Knipp
6. *Mother's Maiden Name,*	Minnie Bleandle
7. *Mother's Birthplace,*	Baltimore Md.
8. *Full Name of Father,*	Charles Knipp
9. *Father's Occupation,*	Furniture Dealer
10. *Father's Birthplace,*	Baltimore Md.
Name of Medical Attendant, or other person who makes this Return.	E. C. Shower M.D.
Address,	2510 Penna. ave
Remarks,	

8 7 5 0 0 0 3 0 9 3

and schedule shall be delivered, duly signed, by the physician of its parents, the date and place of birth, and the sex and color of each child born, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the other person in charge of such child or mother, immediately thereafter, it shall become the duty of the person so in charge of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

C. DULANY & CO., CITY PRINTERS AND STATIONERS.

Omit

RETURN OF A BIRTH. 70785

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Leonard ~~Gabriel~~ Downin

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7.

1. *Sex, (state whether male or female)* Male.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* December 7, 1895.
4. *Place of Birth, (Street and Number)* 605 Dreyman's ave.
5. *Full Name of Mother,* Annie Downin.
6. *Mother's Maiden Name,* Kelley.
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* Samuel A. Downin.
9. *Father's Occupation* Oil well driller.
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks,

been collected in sex, color, the full name and occupation of its parents, the date and place of birth, and the name of such child, and shall have said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health; and the said Commissioner shall cause the mother, immediately thereafter, if still living, and if not, then the father, if living, or, if neither be living, the guardian of such child, if any, or the person or persons with whom such child may be, to be notified of the birth of any child born in said city, and shall require the said mother, or other person as aforesaid, to make a return of such birth, in the manner and within the period above required, and any such person or persons who shall neglect or refuse or fail to comply with the provisions of this section, shall be subject to the fine or fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

6 7 5 0 0 0 3 0 9 4

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 70786

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4d

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Decemb. 7
4. Place of Birth, (Street and Number) 404 St. Peter Street
5. Full Name of Mother, Marie Bielefeld
6. Mother's Maiden Name, Rieger
7. Mother's Birthplace, Peitz Germany
8. Full Name of Father, Julius Rieger
9. Father's Occupation, Cloth Finisher
10. Father's Birthplace, Berge Germany

Name of Medical Attendant, or other person who makes this Return, Julius Rieger

Address, 404 St. Peter Street City

Remarks, Katie Wirsch

800 Lombard 5000 3 0 9 5

third day of each and every month to the office of the Commissioner of Health, in case the birth of any child shall occur within the city of Baltimore, and in the case of a midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70787

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* December 7, 1895.
4. *Place of Birth, (Street and Number)* 617 Roland ave.
5. *Full Name of Mother,* Laura Virginia Fragle.
6. *Mother's Maiden Name,* Stansbury.
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* George William Fragle.
9. *Father's Occupation* Brick layer.
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address. 291 Cherchint ave.

Remarks,

6 7 5 0 0 0 8 0 9 6

Wm. J. C. Dulany Co., City Printers and Stationers.

Sect. Concerning the sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur within the said period of forty days after the same, and no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons so attending such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CERTIFICATE CORRECTED 11-12-57 77788

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Anna Amelia Frances Regler

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* ~~Male~~ Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* December 8th 1895
4. *Place of Birth, (Street and Number)* 304 Pennsylvania Ave
5. *Full Name of Mother,* Mary E Regler
6. *Mother's Maiden Name,* Mary E Del Haler
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Louis Regler
9. *Father's Occupation* Steam Fitter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Geo E Kelley

Address, 1922 Druid Hill Ave

Remarks,

895.0008097

said schedule shall be delivered, duly signed by the physician or in the presence of two persons, the date and place of birth, and the sex of the child, and every month to the office of the Commissioner of Health, a certificate between the first and third day of each and every month to the office of the Commissioner of Health, of the birth of every child born within the city, without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance within the twenty-four hours next following the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70789

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5c

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, december thu 8-1895
4. Place of Birth, (Street and Number) Eastern st No 20-27
5. Full Name of Mother, annie melzer
6. Mother's Maiden Name, annie sachsnable
7. Mother's Birthplace, Europ
8. Full Name of Father, harris melzer
9. Father's Occupation tailor
10. Father's Birthplace, Europ

Name of Medical Attendant, or other person who makes this Return, mrs S Selby

Address, No 19-22 Milliken Ave

Remarks,

8 9 5 0 0 0 8 0 9 8

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] only signed by the practitioner in the form of a certificate of birth; and the third day of each and every month to the office of the Commissioner of Health. In case he shall omit to do so, he shall forfeit and pay for each offence, the sum of five dollars; and shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and such person or parents who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70790

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec. 8th
4. Place of Birth, (Street and Number) Bond Str. 833
5. Full Name of Mother, Gustie Koslizki
6. Mother's Maiden Name, " Kristian
7. Mother's Birthplace, Poland
8. Full Name of Father, Joe Koslizki
9. Father's Occupation, Laborer
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Mary Kretzka

Address, 602 Bond Str.

Remarks,

8 7 5 0 0 0 8 0 9 9

Wm. J. C. Dulany Co., City Printers and Stationers.

Each case of birth, the date and place of birth; and the sex, color, the full name and occupation of its parents, the date and place of birth; and the number of each such child, shall be reported by the practitioner in the form of a certificate between the first and third day of each month to the office of the Commissioner of Health. Should no other person be in attendance upon the mother immediately before, at and within the period above recited, and child to report its birth to the Commissioner of Health, in the manner and within the period above recited, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for such offence, to be recovered as other debts and forfeitures are recoverable.

RETURN OF A BIRTH. 70791

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec. 9th
4. *Place of Birth, (Street and Number)* Shakespeare St. 732
5. *Full Name of Mother,* Mary Kwashinski
6. *Mother's Maiden Name,* Dalska
7. *Mother's Birthplace,* Poland
8. *Full Name of Father,* Joe Patska
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Laborer

Name of Medical Attendant, or other person who makes this Return, Roland A.

Address, Mary Kotzka

Remarks, 602 E. Bond

8 7 5 0 0 0 8 1 0 0

said schedule shall be delivered, duly signed by the Practitioner, in the form of a certificate between the first and third days of each month, to the Commissioner of Health, at his office, in Baltimore City; and every such Practitioner shall every week, if he be a physician or practitioner of midwifery, or should any other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section, shall be subject to the fine of twenty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 70792

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* December 7th 1895
4. *Place of Birth, (Street and Number)* 2411 Christian St
5. *Full Name of Mother,* Emma E. Diehl
6. *Mother's Maiden Name,* Emma E. Spence
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Thos. E. Diehl
9. *Father's Occupation* Street Dealer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Wm. T. Kelley

Address, 1922 Westwood Ave

Remarks,

8 9 5 0 0 0 8 1 0 1

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month, duly signed by the practitioner in the form of a certificate between the first and shall occur without the attendance of a physician or practitioner of midwifery, or should any other person fail to report the birth of any child attendance upon the mother, the parent or parents of such child, or the person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70792½

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* december the 9-18-95

4. *Place of Birth, (Street and Number)* Cristian st Nº 2111

5. *Full Name of Mother,* annie E welch

6. *Mother's Maiden Name,* annie E Spence

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* John L welch

9. *Father's Occupation* stone mason

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs S Shelley

Address, Nº 1922 Wilkins Av

Remarks,

8950008102

[illegible] on of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

CERTIFICATE CORRECTED 6-13-37 70793

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Maria Elizabeth Schmidt

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 9 1896
4. Place of Birth, (Street and Number) Goldenhill Lane on Harford Ave
5. Full Name of Mother, ~~Martha H. Schmidt~~
6. Mother's Maiden Name, Martha Landau
7. Mother's Birthplace, Germany
8. Full Name of Father, Adam ~~H. D.~~ Schmidt
9. Father's Occupation Butcher
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Guy A. Elwell, M.D.

Address. 1941 Harford Ave.

Remarks,

8 9 5 0 0 0 8 1 0 3

and a certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In the event of any child dying before such certificate shall be delivered, the person in charge of the house, the nurse, or other person in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health. In the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for such offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70794

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd & 4th

1. Sex, (state whether male or female) Females.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, December 10, 1895.
4. Place of Birth, (Street and Number) 406 Light ave.
5. Full Name of Mother, Margaret Annie Massey.
6. Mother's Maiden Name, Malin.
7. Mother's Birthplace, Washington, D.C.
8. Full Name of Father, John Joseph Massey.
9. Father's Occupation Horse-shoer.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks.

6950008104

Wm. J. C. Dulany Co., City Printers and Stationers.

Said schedule shall be delivered duly signed by the practitioner in the form of a certificate between the first and third days of each and every month, at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, the duty of the person or persons in attendance upon the mother, immediately hereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered in other suits and forfeitures are recoverable.

RETURN OF A BIRTH. 70795

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. *Sex, (state whether male or female)*	male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	11th of December 95
4. *Place of Birth, (Street and Number)*	41. Lanvdon Av.
5. *Full Name of Mother,*	Josephine Bäcker
6. *Mother's Maiden Name,*	Josephine Heffer
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Henry Bäcker
9. *Father's Occupation*	Labor
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Friederike Heuler Midwife
Address,	2116 W Pratt St
Remarks,	

8950008105

and eighteen shall be delivered, duly signed by the practitioner in the form of a certificate of the birth, and the third day of each and every month to the office of the Commissioner of Health, a certificate of the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70796

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* December 11, 1896.
4. *Place of Birth, (Street and Number)* 314 W. 29th St.
5. *Full Name of Mother,* Sarah Elizabeth Knight.
6. *Mother's Maiden Name,* Bauer.
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* Marvin Lee Knight.
9. *Father's Occupation* Painter.
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return, Chas. W. Pitchell M. D.

Address, 291 Chestnut ave.

Remarks,

8750008106

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70797

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* December 11 1895
4. *Place of Birth, (Street and Number)* No. 1407 Holbrook st.
5. *Full Name of Mother,* Ann Maria Garrett
6. *Mother's Maiden Name,* Ann Maria Connolly
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Joseph Garrett
9. *Father's Occupation* Shoemaker.
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, Geo. E. O'Donnell M.D.

Address, 1741 Harford ave

Remarks,

8 7 5 0 0 0 3 1 0 7

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur within the city limits, and no physician or midwife be present, or be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70 798

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third child.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White
3. Date of Birth. Geboren 11 December 1895
4. Place of Birth, (Street and Number) Betel St. No. 729
5. Full Name of Mother, Kreidy Kryssanowska
6. Mother's Maiden Name, Zlow
7. Mother's Birthplace, Poland
8. Full Name of Father, Kein Vater
9. Father's Occupation
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return. Agnes Abdolna

Address, Thames St. No. 1635

Remarks, Le gut.

8 7 5 0 0 0 0 1 0 8

said schedule shall be delivered, duly signed by the physician or other person in charge, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or other person in charge, the parents of such child shall report the same, in writing, to the Commissioner of Health, in the manner and within the period above required, and attendance upon the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70799

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 4th 1925
4. Place of Birth, (Street and Number) 320 Hodges St
5. Full Name of Mother, Dorothy De Hetler
6. Mother's Maiden Name, Dorothy De Lanton
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Hetler
9. Father's Occupation Merchant
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Geo B Kelley

Address, 1122 Wilkens Ave

Remarks,

8.950003109

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, and shall be by the Commissioner of Health, or other person duly authorized, duly to the office of the Commissioner of Health, in the city of Baltimore, the birth of any child to occur without the other, immediately after the birth, by any midwife or other person, or such attendance upon birth to the Commissioner of Health, in the manner and within the period required, and any such midwife or other person who shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars, for each offence, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 70800

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 d.

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, December 12 th 1895

4. Place of Birth, (Street and Number) 1950 Hanover Street Balt

5. Full Name of Mother, Maria Frei

6. Mother's Maiden Name, Maria Becker

7. Mother's Birthplace, Baltimore Maryland

8. Full Name of Father, Wilhelm Frei

9. Father's Occupation, Hans Carpenter

10. Father's Birthplace, Germania

Name of Medical Attendant, or other person who makes this Return, Katie Münch

Address, 900 Leadenhall Street

Remarks, 8 9 5 0 0 0 3 1 1 0

Wm J C. Dulany Co., City Printers and Stationers.

[illegible] day of each and every month to the office of the Commissioner of Health, [illegible] twen the first and [illegible] with the attendance of a physician or [illegible] shall become aware of the birth of any child [illegible] shall cause within the mother, Commissioner of Health, in the prescribed form, with the proper [illegible] In case the birth [illegible] attendance, or the mother, or other person who shall be in charge of the duty of the Period above [illegible] child to be born, or the mother, or other person or persons who shall have charge of such child, and [illegible] any such person or persons shall neglect or fail to comply with any of the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70801

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4.

1. Sex, (state whether male or female) Male.

2. Race or Color, (if not of the white race) White.

3. Date of Birth, December 12, 1875.

4. Place of Birth, (Street and Number) 273 Chestnut ave.

5. Full Name of Mother, Margaret Ellen Mallonee.

6. Mother's Maiden Name, Duvall.

7. Mother's Birthplace, Va.

8. Full Name of Father, Wilbert Randolph Mallonee.

9. Father's Occupation Watch-repairer.

10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks,

8950008111

[illegible] name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 70802 (Bro)

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of Child: Edward Henry Schaub

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) 5th

1. *Sex*, (*state whether male or female*) Male
2. *Race or Color*, (*if not of the white race*) White
3. *Date of Birth*, 13th of December 95
4. *Place of Birth*, (*Street and Number*) 1941 Ramsey St
5. *Full Name of Mother*, Elizabeth Schaub
6. *Mother's Maiden Name*, Elizabeth Straub
7. *Mother's Birthplace*, Germany
8. *Full Name of Father*, Jacob Schaub
9. *Father's Occupation* Carpenter
10. *Father's Birthplace*, Germany

Name of Medical Attendant, or other person who makes this Return, Friedrike Keeler Midwife

Address, 2116 W Pratt St

Remarks,

8 7 5 0 0 0 8 1 1 2

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall [illegible] in the [illegible] a certificate, by a physician or practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner or midwifery, or should no other person be in attendance, it shall be the duty of the father or mother of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

CERTIFICATE CORRECTED 8-29-49

RETURN OF A BIRTH. 70804

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Sec. 1. Be it ordained, etc., That the name and occupation of the parents, the date and place of birth and the sex, race or color of every child born within the City of Baltimore, be certified between the first and third day of each and every month by the proper physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter. It shall become the duty of the person so attending such child to report its birth to the Commissioner of Health, in the manner and with the particulars required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Name James ~~J. F.~~ J. Fitzsimmons

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 1395.
4. Place of Birth, (Street and Number) 934 Bond St.
5. Full Name of Mother, Laura ~~B. Fitzsimmons~~
6. Mother's Maiden Name, Laura Arnold
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, James ~~F. Fitzsimmons~~
9. Father's Occupation Laborer
10. Father's Birthplace, New York City.

Name of Medical Attendant, or other person who makes this Return. G. W. Slater M.D.

Address,

Remarks, 8 9 5 0 0 0 1613 43 Wayther

Wm. J. C. Dulany Co., City Printers and Stationers.

Over

RETURN OF A BIRTH. 70805

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* December 4th 1895
4. *Place of Birth, (Street and Number)* 2102 Druid St
5. *Full Name of Mother,* Annie Dundas
6. *Mother's Maiden Name,* ~~Annie Stewart~~
7. *Mother's Birthplace,* ~~Scotland~~
8. *Full Name of Father,* ~~Robert Dundas~~
9. *Father's Occupation* Insurance Collector
10. *Father's Birthplace,* Kilmarnock Scotland

Name of Medical Attendant, or other person who makes this Return, Wm. B. Kelly

Address, 1229 Wilkens Ave

Remarks, Full name of child - Robert Dundas

8950008114

This certificate is to be signed only signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the mother, within twenty-four hours after the birth of her child, or the person in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70806

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 14th of December 95
4. *Place of Birth, (Street and Number)* 39 Garrison Lane
5. *Full Name of Mother,* Martha Schmidt
6. *Mother's Maiden Name,* Martha Wendel
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Andreas Schmidt
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Friederike Beuler Midwife

Address, 2116 W Pratt St

Remarks,

8950003115

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70807

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec. 15-31
4. *Place of Birth, (Street and Number)* Bond St. 822
5. *Full Name of Mother,* Mary Radoschack
6. *Mother's Maiden Name,* Radosick
7. *Mother's Birthplace,* Poland
8. *Full Name of Father,* Frank Radoschack
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Poland

Name of Medical Attendant, or other person who makes this Return, Mary Kaczpen

Address, 602 1 Bond

Remarks,

8 Y 5 0 0 0 8 1 1 6

Wm. J. C. Dulany Co., City Printers and Stationers.

and a certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70 808

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* December 15th 1895
4. *Place of Birth, (Street and Number)* 330 Monroe St
5. *Full Name of Mother,* Caroline Lamunyon
6. *Mother's Maiden Name,* Caroline Black
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Lamunyon
9. *Father's Occupation* Barrel Cooper
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Geo A Kelley

Address, 1922 Williams Ave

Remarks,

8950008117

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur within the limits of Baltimore City, and shall not be reported by any other person, in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons in such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70809

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 16th December
4. Place of Birth, (Street and Number) 944 Burgundy st. City
5. Full Name of Mother, Mary M. Brandt
6. Mother's Maiden Name, Mary M. Daum
7. Mother's Birthplace, Germany
8. Full Name of Father, Frederick C. Brandt
9. Father's Occupation Schoemaker
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Bange

Address, 744 N. Gross st.

Remarks,

5950008118

Wm. J. C. Dulany Co., City Printers and Stationers.

Every person who shall hereafter officiate as a midwife, or practioner of midwifery, or any person or parents of such child, shall within the space of ten days after the birth of any child, cause the birth thereof to be registered with the Commissioner of Health. In case the birth of any child shall occur without the attendance of a midwife or other person, the person or parents of such child shall within the period above required, and in the same manner and form, report the birth to the Commissioner of Health, in compliance with the provisions of this section, shall be entitled to receive from the Commissioner of Health, in lieu of any such fee, the sum of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Every person who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 70810

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Dec 16 1895
4. *Place of Birth, (Street and Number)* 688 Mulberry St
5. *Full Name of Mother,* Maria Catharine Hardy
6. *Mother's Maiden Name,* Maria Catharine ~~Hardy~~ Winder
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Vinton Columbia Hardy
9. *Father's Occupation,* Waiter
10. *Father's Birthplace,* Prince George Co

Name of Medical Attendant, or other Person who makes this Return A R Bond M D

Address, 889 Park Ave

Remarks,

certificate, between the first and third day of each and every month, to the Registrar of Births. In case of a birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, the should an other person be to at a loss upon the mother, immediately thereafter, it shall then become the duty of those persons, and also the person in charge of the house, to report the birth to the Registrar within the period herein called, except in the case of the birth and death of a child within the period herein called, in which case it shall be the duty of any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

...A., CITY PRINTERS AND STATIONERS.

8950008119

RETURN OF A BIRTH. 70811

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Born 11 December 1895
4. *Place of Birth, (Street and Number)* Front st No ~~[illegible]~~ 814.
5. *Full Name of Mother,* Alberta Janusewska
6. *Mother's Maiden Name,* Son
7. *Mother's Birthplace,* Poland
8. *Full Name of Father,* Stanislaw Bitiniak
9. *Father's Occupation* Litwin
10. *Father's Birthplace,* Poland

Name of Medical Attendant, or other person who makes this Return, Agnes Hodolna

Address, Thames St No 1635

Remarks, So yet

8 4 5 0 0 0 3 1 2 0

Wm. J. C. Dulany Co., City Printers and Stationers.

third day of each and every month to the office of the Commissioner in the form of a certificate between the first and shall occur within the mother's lodging or residence, or elsewhere without the attendance of a physician or practitioner of health. In case the birth of any child attendance upon the mother, the mother or other person in charge of the house or place in which such child child to report its birth to the Commissioner of Health, in the manner and within the period prescribed in this section, such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70812

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, December 17, 1895.
4. Place of Birth, (Street and Number) 63 Brick Alley, Mt. Vernon.
5. Full Name of Mother, Sarah Catherine Mathias.
6. Mother's Maiden Name, Shaffer.
7. Mother's Birthplace, Md.
8. Full Name of Father, John C. Mathias.
9. Father's Occupation Cotton Mill Operative.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M. D.

Address, 291 Chestnut ave.

Remarks.

8 Y 5 U 0 0 8 1 2 1

Any person who shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or in other cases where in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70813

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1\. *Sex, (state whether male or female)* Female Annie ap.d 7/30/20

2\. *Race or Color, (if not of the white race)* White

3\. *Date of Birth,* Dec. 17th. 95

4\. *Place of Birth, (Street and Number)* 402 S. Poppleton St.

5\. *Full Name of Mother,* Maggie McFarland

6\. *Mother's Maiden Name,* Maggie Neville

7\. *Mother's Birthplace,* Scotland

8\. *Full Name of Father,* Peter McFarland

9\. *Father's Occupation* Iron Moulder

10\. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other person who makes this Return, Henry C. Ohle - M.D.

Address, 1203 W. Fayette St.

Remarks,

6950008122

shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70814

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 17th
4. *Place of Birth, (Street and Number)* Harrison St. 815
5. *Full Name of Mother,* Mary Galefski
6. *Mother's Maiden Name,* " Moshnack
7. *Mother's Birthplace,* Poland
8. *Full Name of Father,* Frank Galefski
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Poland

Name of Medical Attendant, or other person who makes this Return, Mary Krotka

Address, 602 S. Bond

Remarks,

8950008123

Wm. J. C. Dulany Co., City Printers and Stationers.

This Certificate shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report the same in the form of a certificate, in the manner and within the period of time prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 74818

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Is White
3. *Date of Birth,* Dec. 17th
4. *Place of Birth, (Street and Number)* Bethel St. 1619
5. *Full Name of Mother,* Victoria Simon
6. *Mother's Maiden Name,* " Lasheck
7. *Mother's Birthplace,* Poland
8. *Full Name of Father,* John Simon
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Poland

Name of Medical Attendant, or other person who makes this Return, Mary Krotzka

Address, 602 S. Bond

Remarks,

B950006124

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of the healing art, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the father, or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be and shall be adjudged to be guilty of a misdemeanor, and shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

ENTER WHEN DONE 4-15-59

70816

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Jacob Frankel

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 17th of December 95
4. Place of Birth, (Street and Number) 2015 Christian St.
5. Full Name of Mother, Clara Fränkel
6. Mother's Maiden Name, Clara Spekter
7. Mother's Birthplace, Poles.
8. Full Name of Father, Georg Fränkel
9. Father's Occupation Tailor
10. Father's Birthplace, Poles.

Name of Medical Attendant, or other person who makes this Return, Friederike Heuler Midwife

Address, 2116 W Pratt St.

Remarks,

8950008125

Wm. J. C. Dulany Co., City Printers and Stationers.

Any person who shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the birth, then and in such case it shall become the duty of the person or persons of such child to report to the Commissioner of Health, in the manner set forth in the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70817

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, 7 December 1895
4. Place of Birth, (Street and Number) 528 S Central ave
5. Full Name of Mother, Esther Salinsky
6. Mother's Maiden Name, Minsky
7. Mother's Birthplace, Russia
8. Full Name of Father, Isaac Salinsky
9. Father's Occupation Tailor
10. Father's Birthplace. Russia

Name of Medical Attendant, or other person who makes this Return, M R Illig

Address, 1202 Lanvale St E.

Remarks,

0950008126

Sec. 8. Code shall be delivered daily signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. Upon failure so to do, or should shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report the fact to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70818

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 18th 1895
4. Place of Birth, (Street and Number) 200 N. Gre Henry St.
5. Full Name of Mother, Jennie Tucker
6. Mother's Maiden Name, Jennie Shewei
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Jr. Tucker
9. Father's Occupation Carpenter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Dan E. Kelley

Address, 1922 N. Wheeler Ave

Remarks,

8 9 5 0 0 0 8 1 2 7

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70819

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 16 1921
4. Place of Birth, (Street and Number) [redacted] Ave. 1527
5. Full Name of Mother, Anna Beck
6. Mother's Maiden Name, " Preis
7. Mother's Birthplace, Germany
8. Full Name of Father Frank Beck
9. Father's Occupation Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Krozka

Address, 602 S. Bond

Remarks,

8 9 5 0 0 0 8 1 2 8

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70820

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9th. child.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White race
3. *Date of Birth,* 18th. of December.
4. *Place of Birth, (Street and Number)* Baltimore 1041 Maldie's St.
5. *Full Name of Mother,* Fannie M. Burgman.
6. *Mother's Maiden Name,* Fannie M. Bett.
7. *Mother's Birthplace,* Frederick City. Md.
8. *Full Name of Father,* John L. Burgman.
9. *Father's Occupation* Packer.
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Mrs Bange

Address, 711 N. Crosst.

Remarks,

8 9 5 0 0 0 8 1 2 9

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] signed by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, the mother, if able, or in case of her inability, any person who shall become the duty of the person or persons required, such shall report to the Commissioner of Health, in the manner and within the period above required, such any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70821

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 18th 1895
4. Place of Birth, (Street and Number) # 217 E. Cross st.
5. Full Name of Mother, Fredericka Miller
6. Mother's Maiden Name, O'Brecht
7. Mother's Birthplace, Germany
8. Full Name of Father, Thos. H. Miller
9. Father's Occupation, Ferryman
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, R. C. Lee

Address, Hanover st.

Remarks, 8950008130

Wm J. C. Dulany Co., City Printers and Stationers.

[illegible] of Willful, the attendance of a physician or practitioner of other [illegible] in any case the birth of any child [illegible] attendance upon the mother, immediately thereafter, or shall, no other person be in [illegible] the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70822

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Dec. 19th 1895
4. *Place of Birth, (Street and Number)* No. 22 E. Lexington St.
5. *Full Name of Mother,* Lottie Watkins
6. *Mother's Maiden Name,* Williams
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father.* John T. Watkins
9. *Father's Occupation.* Porter
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Mrs F. Ulyer

Address, No. 722 Bradley St.

Remarks,

875009131

third day of each and every month to the office of the Commissioner of Health, in case of Twins, or Triplets, or any child shall occur without the attendance of a person regularly authorized to practice midwifery, or should no other person be in attendance, the attendant shall immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section will be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

RETURN OF BIRTH. 70823

GIVEN NAME ADDED, 9/21/61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Harvey Edward Parsons 3.

No. of Child of Mother (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, December 19, 1895.
4. Place of Birth, (Street and Number) 290 Roland ave.
5. Full Name of Mother, Florence Parsons.
6. Mother's Maiden Name, Stump.
7. Mother's Birthplace, Md.
8. Full Name of Father, James Edward Parsons
9. Father's Occupation Railroader.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Elmer H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks,

8450008132

Wm. J. C. Dulany Co., City Printers and Stationers

Every birth, within the City of Baltimore, shall be reported to the office of the Commissioner of Health. In case the birth shall occur upon the premises of any person or persons, or should no other person be in attendance, the mother, or in her absence, the person or persons in charge of such premises, or any person in attendance shall become the duty of the person required to report the birth, within the period above required, to report the birth, in the manner and with the particulars required by this section, under the penalty of Ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Third day of each and every month to the office of the Commissioner of Health. In case the birth shall occur upon the premises of any person or persons, or should no other person be in attendance, the mother, or in her absence, the person or persons in charge of such premises, or any person in attendance shall become the duty of the person required to report the birth, within the period above required, to report the birth, in the manner and with the particulars required by this section, under the penalty of Ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70824

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 19 1895
4. Place of Birth, (Street and Number) 324 N Gilmore St
5. Full Name of Mother, Alice R. Worley
6. Mother's Maiden Name, Krein
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Robert R. Worley
9. Father's Occupation, Insurance Agt
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, E. W. Free

Address, 602 N Carey St

Remarks, Instrumental Delivery

8 9 5 0 0 0 8 1 3 3

WM. J. O. SULLAVY CO CITY PRINTERS AND STATIONERS.

[illegible] shall be [illegible] and signed by the practitioner in the form of a certificate herein [illegible] and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the father, mother, or other person in charge of such child shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, who shall be entitled to receive a certificate and shall pay such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH 70825

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White (American)
3. *Date of Birth,* December 19, 1895
4. *Place of Birth, (Street and Number)* 222 S Callington Ave
5. *Full Name of Mother,* Lucy E. Spraker
6. *Mother's Maiden Name,* Lucy E. Garrison
7. *Mother's Birthplace,* Talbot Co Md
8. *Full Name of Father,* Wm J. Spraker
9. *Father's Occupation,* Book Keeper
10. *Father's Birthplace,* New Market

Name of Medical Attendant, or other Person who makes this Return A R Bond M.D.

Address, 839 Park Ave

Remarks,

8950003134

Everything to be between the first and third day of each and every month to the Board of Health. In case the child dies shall occur without the attendance, immediately thereafter, it shall then become the duty of the parent or parents, or other person to report its death in the manner, by the physician, or of a practitioner of midwifery, or should no other person be at hand, shall be the duty of the father of illegitimate children, and within the period required, except in the case of the latter provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

..., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 70826

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &*c*.) Second

1. *Sex*, (*state whether male or female*) Female
2. *Race or Color*, (*if not of the white race*) White
3. *Date of Birth*, December 20, 1895.
4. *Place of Birth*, (*Street and Number*) No. 534 N. Caroline st.
5. *Full Name of Mother*, Annie Ford.
6. *Mother's Maiden Name*, Annie Mueller.
7. *Mother's Birthplace*, Baltimore
8. *Full Name of Father*, John Ford.
9. *Father's Occupation* Cutter
10. *Father's Birthplace*, Maryland

Name of Medical Attendant, or other person who makes this Return, Geo. A. Caswell, M.D.

Address, 1741 Wolfe ave

Remarks,

8 7 5 0 0 0 8 1 3 5

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

70827

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 21 1895
4. Place of Birth, (Street and Number) 2139 Wilkens Ave
5. Full Name of Mother, Jenny E Nicholson
6. Mother's Maiden Name, Emily L Coffman
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Frederick J C Nicholson
9. Father's Occupation Painter
10. Father's Birthplace, Allegheny P.A.

Name of Medical Attendant, or other person who makes this Return, Geo S Kelley

Address, 1922 Wilkens Ave

Remarks,

0950008136

Wm. J. C. Dulany Co., City Printers and Stationers.

Every midwife, or other person or parents of any child shall become the duty within the period above recited and in the manner and with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70828

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Joseph Emory Crabster Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 20th of December 45
4. Place of Birth, (Street and Number) 314 Price St.
5. Full Name of Mother, Allen Crabster
6. Mother's Maiden Name, Allen Sullivan
7. Mother's Birthplace, Balto
8. Full Name of Father, Cortney Crabster
9. Father's Occupation Labor
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Friederike Heuler Midwife

Address, 2116 W Pratt St.

Remarks, Full name of child added by mother. Fr Wm - Reg.

Baptismal certificate signed by Rev. L. H. Baughman, Dec. 9-1937

Birth date - Birth Dec 20-1945 and date of baptism Mar 22

0 4 5 0 0 0 8 1 3467

Allen Crabster, mother Mark

Wm. J. C. Dulany Co., City Printers and Stationers.

Any and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall neglect or fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

70829

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 m

1. Sex, (state whether male or female) female

2. Race or Color, (if not of the white race) White

3. Date of Birth, 21 of December 95

4. Place of Birth, (Street and Number) 2125 Mary Ann St.

5. Full Name of Mother, Lena Reine

6. Mother's Maiden Name, Lena Antonie

7. Mother's Birthplace, Germany

8. Full Name of Father, Friederich Reine

9. Father's Occupation Labor

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Friederike Keuler midwife

Address, 2116 W Pratt St.

Remarks,

8950008138

Any person or persons who shall have charge of any child born within this City, shall be required to report in writing to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, the mother, or should no other person be in attendance upon the mother, then the person who shall have charge of such child to report in the manner and within the period above required, and any person or persons who shall have charge of any child born within this City, who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71830

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. Sex, (state whether ~~male~~ or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, Dec 21
4. Place of Birth, (Street and Number) 1403 S Charles St
5. Full Name of Mother, Maggie Malinda Shultz
6. Mother's Maiden Name, " " Cann
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, John Bernard Shultz
9. Father's Occupation, Locomotive Engineer
10. Father's Birthplace, Howard Co

Name of Medical Attendant, or other person who makes this Return, Katie Wünch

Address, 800 Lexington Street

Remarks,

6750003139

Wm J C. Dulany Co., City Printers and Stationers.

Any person who shall cause a false return to be made to the office of the Commissioner of Health. In case the birth of any child shall occur without the ministrance of a physician or practitioner of midwifery, or shall, in other cases, be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 11-9-56

70831

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) James Dallas Hobson

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, December 22, 1895.
4. Place of Birth, (Street and Number) 73 Cedar ave.
5. Full Name of Mother, Mollie Lewis Hobson.
6. Mother's Maiden Name, Hockley.
7. Mother's Birthplace, W. Va.
8. Full Name of Father, Richard Henry Hobson.
9. Father's Occupation Laborer.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return. Elliott Mitchell M.D.

Address, 291 Chestnut ave.

Remarks, 8 9 5 0 0 0 3 1 4 0

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70832

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Nellie Eblye ~~Gray~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 22nd 1895
4. Place of Birth, (Street and Number) 2041 William Ave
5. Full Name of Mother, Alice Gray
6. Mother's Maiden Name, Alice Bell
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William M. Gray
9. Father's Occupation Tea and Coffee Salesman
10. Father's Birthplace, Virginia Va.

Name of Medical Attendant, or other person who makes this Return. Mrs S Kelley

Address, 1922 Williams Ave

GIVEN NAME ADDED. 11-3-53 L.M.

Remarks,

8950008141

Wm. J. C. Dulany Co., City Printers and Stationers.

Third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, it should be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or parents who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70833

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* December 22 d 1895
4. *Place of Birth, (Street and Number)* 1400 Garrett Ave Locust Point
5. *Full Name of Mother,* Christina Helm
6. *Mother's Maiden Name,* Christina Bollinger
7. *Mother's Birthplace,* Canton Schaffhausen Switzerland
8. *Full Name of Father,* Julius Helm
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Lina Müller

Address, 1600 Holbrook St City

Remarks,

8 7 5 0 0 0 3 1 4 2

shall occur without the attendance of a physician or practitioner of healing, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period prescribed; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70834

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 22 December
4. *Place of Birth, (Street and Number)* S. Bond St. 116
5. *Full Name of Mother,* Mary Kuenny
6. *Mother's Maiden Name,* Bork
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Kuenny
9. *Father's Occupation* Work-man
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address. S. Bond Str. 838

Remarks, Mary Brell

8 9 5 0 0 0 8 1 4 3

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the person in charge of such attendance upon the mother, immediately thereafter to report the birth to the Commissioner of Health, in the manner and within the period above required, and shall be liable to the penalties hereinafter provided. Any person or persons who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70835

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 2d Dec
4. *Place of Birth, (Street and Number)* 1[illegible] Low St
5. *Full Name of Mother,* Bertha Laston
6. *Mother's Maiden Name,* " Ashkanasky
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Louis Laston
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. Mrs R Illey

Address, 1302 E Lexington St

Remarks.

8750003144

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70836

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 23 December 1895
4. *Place of Birth, (Street and Number)* S. Bond Str. 827
5. *Full Name of Mother,* Mary Williams
6. *Mother's Maiden Name,* Brausile
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Chas. Williams
9. *Father's Occupation* Boaringhouse
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return,

Address, S. Bond Str. 838

Remarks, Mary Pretl

8950008145

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above prescribed, and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70807

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth. December 23 1895
4. Place of Birth, (Street and Number) No. 264 Hartland ave E.H.
5. Full Name of Mother, Barbara Konig
6. Mother's Maiden Name, Barbara
7. Mother's Birthplace, Germany
8. Full Name of Father, Wm Konig
9. Father's Occupation Brewer.
10. Father's Birthplace. Germany

Name of Medical Attendant, or other person who makes this Return, Geo. E. Cokewell M.D.

Address, 1241 Hartland ave

Remarks,

8 7 5 0 0 0 8 1 4 6

Wm. J. C. Dulany Co., City Printers and Stationers.

shall pay, or cause and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or shall be attended by other person than a midwife, the attendant or other person in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of Ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70838

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Geboren 23 December / 95

4. Place of Birth, (Street and Number) Thames st. No 1624

5. Full Name of Mother, Antonina Krzyzewska

6. Mother's Maiden Name, Jan Krzyzewski

7. Mother's Birthplace, Poland

8. Full Name of Father, Stanislaw Krzyzewski

9. Father's Occupation Rusland

10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Agnes Hodnar

Address, Thames st. ate 1635.

Remarks, Sagt.

8 7 5 0 0 0 3 1 4 7

Wm. J. C. Dulany Co., City Printers and Stationers.

Every birth shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the Registrar of Vital Statistics, for each case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or should no other person of such attendance upon the birth, to the Commissioner of Health, a statement of the facts and circumstances required, and child to report the birth within the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70839

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 25th of December
4. Place of Birth, (Street and Number) 801 W. Cross st.
5. Full Name of Mother, Matilda Kraft
6. Mother's Maiden Name, Matilda Williams
7. Mother's Birthplace, Baltimore Street Baltimore
8. Full Name of Father, Peter Kraft
9. Father's Occupation Glass Cracker
10. Father's Birthplace, Baltimore MD

Name of Medical Attendant, or other person who makes this Return. Mary Kistler

Address, 812 Hamburg St

Remarks,

6750003148

Any day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health in the manner and with the blanks herein provided, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70,840

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* —
3. *Date of Birth,* Dec 25 95
4. *Place of Birth, (Street and Number)* 1717 E. Oliver St.
5. *Full Name of Mother,* Mrs. Lucy Amanda Allen Hurley
6. *Mother's Maiden Name,* Miss " " Allen
7. *Mother's Birthplace.* Baltimore, Md.
8. *Full Name of Father,* William Hilton Hurley
9. *Father's Occupation* Cotton House Broker
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, G. G. Cook M.D.

Address, 1000 E. Pratt St.

Remarks, Natural delivery

8750023149

Wm. J. C. Dulany Co., City Printers and Stationers.

Every birth shall be reported within twenty-four hours after the birth of any child, and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, with a statement of the facts required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70841

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7.

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* December 26, 1895.
4. *Place of Birth, (Street and Number)* 2817 Cedar ave
5. *Fult Name of Mother,* Francis Alberta Brown.
6. *Mother's Maiden Name,* Atkinson.
7. *Mother's Birthplace,* Md.
8. *Fult Name of Father,* Charles Wesley Brown.
9. *Father's Occupation* Carpenter.
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return, Chas. H. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks,

8 9 5 0 0 0 3 1 5 0

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] by the practitioner in the form of a certificate between the first and [illegible] Commissioner of Health. In case the birth of any child [illegible] of midwifery, or should no other person be in [illegible] in the manner and within the period herein specified, such [illegible] shall be subject to the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70842

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 25
4. Place of Birth, (Street and Number) Balt Md James St 1259
5. Full Name of Mother, Lillie Carney
6. Mother's Maiden Name, Lillie Russell
7. Mother's Birthplace, Balt Md
8. Full Name of Father, Geo W Carney
9. Father's Occupation Mechanic
10. Father's Birthplace, Balt Md

Name of Medical Attendant, or other person who makes this Return, Mrs Bange

Address, 711 N 6 Ave S.

Remarks,

B 9 5 U 0 0 0 1 5 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70843

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female)
2. Race or Color, (if not of the white race)
3. Date of Birth, 24 December
4. Place of Birth, (Street and Number) Baltimore 203 Mott st
5. Full Name of Mother, Annie Lehman
6. Mother's Maiden Name, Lehman
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Fred Lehman
9. Father's Occupation, Labor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Miss Winch

Address, 800 Leadenhall Street

Remarks,

8950008152

shall occur without the attendance of a physician or midwife, or shall be attended by a midwife who shall not be a duly registered midwife, or shall be attended by any other person, the child or other person who shall hereafter be in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recovered.

Wm J C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 3-2-52

RETURN OF A BIRTH. 70844

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: William Michael Slotke

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* —
3. *Date of Birth,* Dec 26 95
4. *Place of Birth, (Street and Number)* No 109 S Dallas Ave
5. *Full Name of Mother,* Anna Mary Slotke
6. *Mother's Maiden Name,* Lang
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John D. Slotke
9. *Father's Occupation* Bottler
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Otto L. Jones

Address, No 1407 E Monument Str.

Remarks,

6950808153

Any one of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur within the attendance of a physician or midwifery, or should no other person be in attendance within the month specified by the act, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practitioner of midwifery, or shall, in other cases, be left without the attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child or children, to give notice thereof to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered in other cases and forfeitures are recoverable.

RETURN OF A BIRTH. 70845

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9.

1. Sex, (state whether male or female) female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Dec. 26 1895
4. Place of Birth, (Street and Number) Baltimore N. Lombard st # 805.
5. Full Name of Mother, Sarah Emily Evans
6. Mother's Maiden Name, Sarah Emily Rollins
7. Mother's Birthplace, Balto. Co. Md
8. Full Name of Father, Joseph A. Evans.
9. Father's Occupation Sexton St Paul's Church.
10. Father's Birthplace, Balto. Co. Md.

Name of Medical Attendant, or other person who makes this Return, Susan Hunter.

Address, 23 N Poppleton St

Remarks, 8 4 5 0 0 0 8 1 5 4

RETURN OF A BIRTH. 70 846

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White Race
3. *Date of Birth,* Born Dec 26th 1895
4. *Place of Birth, (Street and Number)* # 2104 Prince St
5. *Full Name of Mother,* Mrs. Maggie Meier
6. *Mother's Maiden Name,* Miss M. Engel
7. *Mother's Birthplace,* Böhmen Germany
8. *Full Name of Father,* Anton Meier
9. *Father's Occupation* Confectioner
10. *Father's Birthplace,* Bayern Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Hiller

Address, # 2008 Mc Henry St

Remarks,

8 9 5 0 0 3 3 1 5 5

Wm. J. C. Dulany Co., City Printers and Stationers.

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, the person in charge of the house where such birth shall occur shall be the person to report its birth to the Commissioner of Health. In case the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner directed in this section, shall become the duty of the person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70847

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female.
2. *Race or Color, (if not of the white race)* White.
3. *Date of Birth,* December 29, 1895.
4. *Place of Birth, (Street and Number)* 517 St. Mary's St.
5. *Full Name of Mother,* Ella R. Kershaw.
6. *Mother's Maiden Name,* Blockodale.
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* James Kershaw.
9. *Father's Occupation* Slater-Sudler.
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return, Clinton Mitchell M.D.

Address, 291 Chestnut ave.

Remarks,

8950008156

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be recovered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the party delivered of a child shall occur without the attendance of a physician or practitioner of medicine, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 10-9-57 70848

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Edna Christina ~~Dietz~~ 7th.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth, Dec. 27. 1895.
4. Place of Birth, (Street and Number) 921. Leadenhall. Street.
5. Full Name of Mother, Maria Margaretha Dietz.
6. Mother's Maiden Name, " " Mickel
7. Mother's Birthplace, Germanie
8. Full Name of Father, John, H. Adam Dietz
9. Father's Occupation, Laborer.
10. Father's Birthplace, Germanie

Name of Medical Attendant, or other person who makes this Return, Midwife Miss. Münch

Address, South West cor. Leadenhall & Montgomery st.

Remarks,

6750003157

Wm J C. Dulany Co., City Printers and Stationers.

Any person without the attendance of a physician or practitioner of midwifery, or in any case the birth of any child shall not be reported within the time prescribed by this Act, or shall be found, no other person be in attendance upon the mother, immediately thereafter, shall forthwith, on the duty of the person or parents of such child to report its birth to the Commissioner, hereafter fail to comply with the provisions of this section shall be, and any such person or persons so offending, shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70849

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Child 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Baltimore Dec. 27 1905
4. *Place of Birth, (Street and Number)* 516 S. Charles St. Baltimore, Md.
5. *Full Name of Mother,* Marica Stoviceline
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Dancenige Stoviceline
9. *Father's Occupation* Cloke Maker
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return, Mrs. Lena Kaufman

Address, 2 E. Lee St. Baltimore Md.

Remarks,

8950003158

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70880

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3 rd

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Dec 28th 1895
4. *Place of Birth, (Street and Number)* No: 22 Hinson St
5. *Full Name of Mother,* Annie Hafer
6. *Mother's Maiden Name,* Annie Lohr
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Hafer
9. *Father's Occupation* Tee-Dealer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8 9 5 0 0 0 8 1 5 9

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] and [illegible] of each and every month to the office of the Commissioner of Health. Where [illegible] between the first and shall occur without the attendance of a physician, or practitioner of midwifery, at the birth of any child, in case the birth of any child attendance upon the mother, immediately thereafter it shall become the duty of the person or persons so attending, or in default of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, such any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70837

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, December 28, 1895.
4. Place of Birth, (Street and Number) 1036 Huntingdon ave.
5. Full Name of Mother, Bridget Carney.
6. Mother's Maiden Name, Mooney.
7. Mother's Birthplace, Ireland.
8. Full Name of Father, John Carney.
9. Father's Occupation Laborer.
10. Father's Birthplace, Ireland.

Name of Medical Attendant, or other person who makes this Return. Chas. M. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks,

6950005160

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person in charge of such place upon the mother, immediately upon the birth, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or person in charge who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70852

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 28
4. Place of Birth, (Street and Number) Bond St. 711
5. Full Name of Mother, Anna Shonoski
6. Mother's Maiden Name, " Mishynski
7. Mother's Birthplace, Poland
8. Full Name of Father Frank Shonoski
9. Father's Occupation Laborer
10. Father's Birthplace, Poland

Name of Medical Attendant, or other person who makes this Return, Mary Kudzka

Address, 602 Bond

Remarks,

8950008161

Wm. J. C. Dulany Co., City Printers and Stationers.

Every birth must be reported by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case a birth occurs in any child and there is no attendance of a physician or practitioner of medicine, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter, shall be considered prima facie evidence of such fact. Any such person or persons who shall neglect or refuse to comply with the provisions of this section, and any such person or persons who shall neglect or refuse to report such birth, shall be liable to a fine not exceeding Twenty (20) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70853

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10t

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 28. Nov. of December 1895.
4. Place of Birth, (Street and Number) 1636. Estern Ave
5. Full Name of Mother, Antonina Gniardowska
6. Mother's Maiden Name, Antonina Podzynska
7. Mother's Birthplace, Russisch Polen Germany
8. Full Name of Father, Vitalis Gniardowska
9. Father's Occupation, Cabinettmaker.
10. Father's Birthplace, Russisch Polen Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Ida Hile

Address, 207. N. Castle St.

Remarks, \ \ \

8950008162

Shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 1-7-57

RETURN OF A BIRTH. 70854

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mary Helena Jennings

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec. 28th 1895
4. Place of Birth, (Street and Number) N. W. Leadenhall
5. Full Name of Mother, Mrs J. Jennings
6. Mother's Maiden Name, Josiphine
7. Mother's Birthplace, Pittsburg
8. Full Name of Father, John J Jennings
9. Father's Occupation, iron molder
10. Father's Birthplace, County Mayo Ireland

Name of Medical Attendant, or other person who makes this Return, Katie Münch

Address, 800 Leadenhall Street

Remarks,

8950003163

Wm J. C. Dulany Co., City Printers and Stationers.

Third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur within the time specified in this section, the mother, or in her absence, any other person in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons, who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70855

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 28 Dec 1895
4. Place of Birth, (Street and Number) 1413 W Saratoga St (Balto)
5. Full Name of Mother, Mary J ~~[illegible]~~ Snyder
6. Mother's Maiden Name, Mary J Frasier
7. Mother's Birthplace, New Ross Co Wexford Ireland
8. Full Name of Father, Thomas C Snyder
9. Father's Occupation Tobacco business
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Susan Hunter

Address, 23 N Broadway

Remarks, 8 9 5 0 0 0 8 1 6 4

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person in charge of such child to report its birth to the Commissioner of Health, in manner and within the period above required, and any such person or person as aforesaid, who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70856

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 28 December
4. *Place of Birth, (Street and Number)* 813 Inn Str.
5. *Full Name of Mother,* Frenzi Ris
6. *Mother's Maiden Name,* Lorens
7. *Mother's Birthplace,* ~~Bäumen~~ Böhmen
8. *Full Name of Father,* Chas Ris
9. *Father's Occupation* Steredoll
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary Frett

Address, S. Bond Str. 838

Remarks,

L 8 4 5 0 0 0 8 1 6 5

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 701857

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 28 Dec
4. Place of Birth, (Street and Number) 944 Forest Pl
5. Full Name of Mother, Mary Lavinia
6. Mother's Maiden Name, Heaver
7. Mother's Birthplace, Md
8. Full Name of Father, Carl Lavinia
9. Father's Occupation Machinist
10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return, Mrs D Gilly

Address, 1312 E Lafayette St

Remarks,

8 7 5 U 0 0 8 1 6 6

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be the duty of every person who shall be present at the birth of any child within the city of Baltimore, or shall be called to attend any other person in the third day of each and every month to the office of the Commissioner of Health, or shall be called to attend any other person be in attendance at the birth of any child, to make known the fact, by a written or printed notice, signed by the physician or practioner or midwifery, or the person or parents of such child, or the mother, immediately thereafter, in the manner and within the period above required, and shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70858

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 m

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 28th of December 95
4. *Place of Birth, (Street and Number)* 1933 Frederick Road
5. *Full Name of Mother,* Anna Hessler
6. *Mother's Maiden Name,* Anna Dotterweich
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John M. Hessler
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Friederike Kaufer Midwife

Address, 2116 W Pratt St.

Remarks,

8 9 5 0 0 0 8 1 6 7

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine or ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70859

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	1st
1. *Sex, (state whether male or female)*	Male
2. *Race or Color, (if not of the white race)*	White
3. *Date of Birth,*	29th of December 95
4. *Place of Birth, (Street and Number)*	211 Frederick Road
5. *Full Name of Mother,*	Kathie Gardner
6. *Mother's Maiden Name,*	Kathie Michael
7. *Mother's Birthplace,*	Balto
8. *Full Name of Father,*	Henry W. Gardner
9. *Father's Occupation*	Labor
10. *Father's Birthplace,*	Balto
Name of Medical Attendant, or other person who makes this Return,	Friedrike Hecker Midwife
Address,	2116 W Pratt St
Remarks,	

8 9 5 0 0 0 8 1 6 8

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons in such child to report its birth to the Commissioner of Health, in manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70860

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 29 December
4. *Place of Birth, (Street and Number)* 1714 Lancaster St.
5. *Full Name of Mother,* Katie Kahlert
6. *Mother's Maiden Name,* Raje
7. *Mother's Birthplace,* Pole
8. *Full Name of Father,* Julius Kahlert
9. *Father's Occupation* Markeman
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return.

Address, S. Bond St 535

Remarks, Mary Bell

8950008169

Wm. J. C. Dulany Co., City Printers and Stationers.

Any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70861

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Dec 29th 1895
4. *Place of Birth, (Street and Number)* No. 515 Frederick Ave
5. *Full Name of Mother,* May Rigby
6. *Mother's Maiden Name,* May Mills
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Jerry Rigby
9. *Father's Occupation* ~~Job~~ Arabe
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return,

Address,

Remarks,

8 7 5 0 0 0 8 1 7 0

this day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall fail to comply with the provisions of this section, shall be deemed guilty of a misdemeanor, and shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70862

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 29, 1895
4. Place of Birth, (Street and Number) 1929 Lemmon St
5. Full Name of Mother, Katie Glauser
6. Mother's Maiden Name, Katie Pfeffer
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Conrad Glauser
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. S. Kelley

Address, 1922 Bellona Ave.

Remarks,

8950008171

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, or shall be in other respects in a case of difficulty, or shall be in any other way in the judgment of the person or parents of such attendance upon the mother, immediately to inform the Commissioner of Health, in the manner and within the period above required, and failing to do so, the person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70863

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or ~~female~~)
2. Race or Color, (if not of the white race)
3. Date of Birth, 29 Dec 1895
4. Place of Birth, (Street and Number) No 6 York Street
5. Full Name of Mother, Amelia Felusel
6. Mother's Maiden Name, " " Shobus
7. Mother's Birthplace, Germany
8. Full Name of Father, Joseph Felusel
9. Father's Occupation, Laborer
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Minch

Address, 800 Leadenhall Street

Remarks, 6 7 5 0 0 0 8 1 7 2

shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall thereupon be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required and any such person or persons who shall hereafter fail to comply with the provisions of this section, will be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70 864

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 18 95
4. *Place of Birth, (Street and Number)* 920 W Bend Street
5. *Full Name of Mother,* Rosa Reinhart
6. *Mother's Maiden Name,* Rosa Allen
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Reinhart
9. *Father's Occupation* Can maker
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Geo W Robbins M.D.

Address, The Johns Hopkins Hospital

Remarks,

8 9 5 0 0 0 3 1 7 3

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance, the mother immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, by written notice within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70865

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 1st 1895
4. *Place of Birth, (Street and Number)* 409 S. Ann st
5. *Full Name of Mother,* Margie Bussyal
6. *Mother's Maiden Name,* Margie Lestler
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Christian Bussyal
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs H. E. Pregoy

Address, 2225 E. Baltimore st

Balto City

Remarks, 595000 3174

child day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and which report shall be made in writing, and shall contain all the particulars above required, and which report shall be signed by the person making the same. Any person who shall be found guilty of a violation of this section shall be prosecuted to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71866

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) fourth

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth. 2 of December 1895
4. Place of Birth, (Street and Number) 280 N. Exeter St. Cor Low
5. Full Name of Mother, Sally Bylyk
6. Mother's Maiden Name, Goldaweig
7. Mother's Birthplace, Palestine Turkey
8. Full Name of Father, Cem. Bylyk
9. Father's Occupation, Tailor
10. Father's Birthplace, ~~Palestine Turkey~~ Vienna State Austria

Name of Medical Attendant, or other person who makes this Return, H. Linder

Address, 143 N. Front St

Remarks,

8 9 5 0 0 0 3 1 7 5

shall occur without the attendance of a physician or practitioner of midwifery, in case the birth of any child shall occur in any house, or place, or tenement, in the city of Baltimore, or should no other person be in attendance who shall be a competent witness, or who shall be willing or able to provide a suitable return of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70867

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 fourth

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, 2 of December 1895
4. Place of Birth, (Street and Number) 16 Cent Market Space
5. Full Name of Mother, Sary Berkowitz
6. Mother's Maiden Name, Kishman
7. Mother's Birthplace, Russia Chernigove state
8. Full Name of Father, Benc Berkowitz
9. Father's Occupation, Clothing business
10. Father's Birthplace, Russia Kome state

Name of Medical Attendant, or other person who makes this return. H. Fleider

Address, 143 N. Front St

Remarks,

8950008176

shall occur without the attendance of a physician or practitioner of midwifery, or in case the birth of any child shall occur without the attendance of any person, it shall become the duty of the parents or parent of such child, or the person in whose house or premises such child shall be born, immediately thereafter to report its birth to the Commissioner of Health, in the manner and within the period above prescribed; and any such person, or person whomever, who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70868

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child -

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored -
3. Date of Birth, Dec 5th 1895.
4. Place of Birth, (Street and Number) 410 Tyson Alley.
5. Full Name of Mother, Mary Louisa Daniels
6. Mother's Maiden Name, —
7. Mother's Birthplace, Maryland -
8. Full Name of Father, —
9. Father's Occupation, —
10. Father's Birthplace, —

Name of Medical Attendant, or other person who makes this Return, J. D. Farrar

Address, 302 W. Lexington St.

Remarks,

8 7 5 U 0 0 8 1 7 7

WM J. C. DULANY CO CITY PRINTERS AND STATIONERS.

[illegible] day of each and every month to the office of the Commissioner of Health. In case the child shall not be born in a house, the attendant or physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, full blank form of the certificate herein, and shall be required to report the birth to the Commissioner of Health, in the manner and with the several particulars of such entry, under oath or affirmation, and any person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70869 over

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Alan D. Price

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. *Sex, (state whether male or ~~female~~)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dec 10th
4. *Place of Birth, (Street and Number)* 625 N. Lafayette Ave
5. *Full Name of Mother,* Mary E. Price
6. *Mother's Maiden Name,* " E Davis
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* Horatio W. Price
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Manchester, Carroll Co. Md

Name of Medical Attendant, or other person who makes this Return, John S. Hack

Address, 647 N. Lafayette Ave

Remarks,

B. 7 5 0 0 0 0 1 7 8

Any Or each and every month do the duties of the Commissioner of Health. In case the birth of any child shall occur within the jurisdiction of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered in other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70870

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 4 th 1895
4. Place of Birth, (Street and Number) 532 A Lem st
5. Full Name of Mother, Lissa Heisley
6. Mother's Maiden Name, Lissa Lark
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Heisley
9. Father's Occupation Oyster Dealer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs M. E. Peggy

Address, 222 E. Bank St. City

Remarks, 8750008179

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person of such attendance upon such birth to the Commissioner of Health, in the manner and within the period above required, and child to report the same immediately thereafter, it shall become the duty of the person required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 70871

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Male.
2. *Race or Color. (if not of the white race)* White.
3. *Date of Birth,* December 12th 1915
4. *Place of Birth, (Street and Number)* 108 Market space.
5. *Full Name of Mother,* Mary Matsarek.
6. *Mother's Maiden Name,* Mary Mabel.
7. *Mother's Birthplace,* Russia.
8. *Full Name of Father,* Mary Matsarek.
9. *Father's Occupation* Taylor
10. *Father's Birthplace,* Russia.

Name of Medical Attendant, or other person who makes this Return, Calra Kusan.

Address, 1004 E. Lombard St.

Remarks,

6750003180

shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, or, in default thereof, the occupant of the premises, to give notice of such birth, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Duisny Co., City Printers and Stationers.

RETURN OF A BIRTH. 70872

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* ~~White~~ Male.
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* December 15th 1895.
4. *Place of Birth, (Street and Number)* 155 N. Exeter St.
5. *Full Name of Mother,* Shark Chon Ka
6. *Mother's Maiden Name,* Shark Kamnsk
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Moses Chon
9. *Father's Occupation* Shoe Make.
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return Calma Kasan

Address, 1004 S. Hanover St.

Remarks,

6 7 6 0 0 0 0 1 8 1

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons in charge of such child to report its birth to the Commissioner of Health, in manner and with the particulars required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70873

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 12 1895
4. Place of Birth, (Street and Number) 534 Conway St
5. Full Name of Mother, Carrie Disney
6. Mother's Maiden Name, Gardner
7. Mother's Birthplace, Virginia
8. Full Name of Father, Chas Disney
9. Father's Occupation Engineer
10. Father's Birthplace, Virginia

Name of Medical Attendant, or other person who makes this Return, Leo R Lahaw

Address, 725 Columbia ave

Remarks,

8 7 5 0 0 0 8 1 8 2

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a midwife or medical practitioner, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70874

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Dec 12th 1895
4. *Place of Birth, (Street and Number)* 1801 W Pratt St
5. *Full Name of Mother,* Maggie Bujac
6. *Mother's Maiden Name,* Trippel
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Chas J Bujac
9. *Father's Occupation* Butcher
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Leo R Lahan

Address, 725 Columbia ave

Remarks,

8 7 5 0 0 0 3 1 8 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 70875

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 15 1895
4. *Place of Birth, (Street and Number)* 1530 E. Pratt
5. *Full Name of Mother,* Emma Powell
6. *Mother's Maiden Name,* Hangarter
7. *Mother's Birthplace,* Germany
8. *Full Name of Father;* Joseph A Powell
9. *Father's Occupation,* Washer at Holliday St Theatre
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. J. B. Schwartka M.D.

Address, 1003 N. Bway

Remarks,

6950003184

WM. J. B. BULANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 70876

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VII

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* Dec 16 95
4. *Place of Birth, (Street and Number)* 715 Durham Street
5. *Full Name of Mother,* Sarah Brewer
6. *Mother's Maiden Name,* Sarah Ballard
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Henry Brewer
9. *Father's Occupation* Porter
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, Geo W Dobbin M.D.

Address. The Johns Hopkins Hospital

Remarks.

8 9 5 0 0 0 8 1 8 5

shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and every person so neglecting or refusing to comply with the provisions of this section shall be and shall be adjudged to be guilty of a misdemeanor, and upon conviction thereof, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70877

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec. 16. 1895
4. Place of Birth, (Street and Number) 1714 E. Federal St.
5. Full Name of Mother, Susan Albina De Fore
6. Mother's Maiden Name, " " Stimwell
7. Mother's Birthplace, Penna.
8. Full Name of Father, Jno. W. De Fore
9. Father's Occupation Stair Builder
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return. Geo. A. Hartman M.D.

Address, 1131 N. Carolina St.

Remarks,

8 9 5 0 0 0 3 1 8 6

third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, the father, if he be known to be living, or the mother, if she be living, shall report such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70878

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) fourth

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 17 of December 1895
4. *Place of Birth, (Street and Number)* 14 Rogers av
5. *Full Name of Mother,* Dora Rostkewitz
6. *Mother's Maiden Name,* Davige
7. *Mother's Birthplace,* Rollen Prussia
8. *Full Name of Father,* Gem. Rostkewitz
9. *Father's Occupation,* Tailor
10. *Father's Birthplace,* Rollen Prussia

Name of Medical Attendant, or other person who makes this Return, H. Flinder

Address, 143 N. Front St

Remarks,

8 9 5 0 0 0 3 1 8 7

Wm J C. Dulany Co., City Printers and Stationers.

[illegible] or without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner herein provided, under penalty of any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70879

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 17 1895
4. *Place of Birth, (Street and Number)* 729 W Pratt St
5. *Full Name of Mother,* Ida Haber
6. *Mother's Maiden Name,* " Kumer
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Louis Haber
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Leo R Graham

Address, 725 Columbia ave

Remarks,

8 9 5 U 0 0 0 3 1 8 8

Wm. J. C. Dulany Co., City Printers and Stationers.

ed schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should the person or persons in attendance upon the mother, immediately thereafter, fail to comply with the duty of the person or persons so required, duly to report, he or she shall forthwith proceed to comply with the requirements of this section, and any such person or persons who shall thereafter refuse to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered, as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 10-17-58

RETURN OF A BIRTH. 70880

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Charles Oliver ~~Ellis~~

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 18. 95
4. Place of Birth, (Street and Number) 2230 E. Biddel St
5. Full Name of Mother, Inolia Ellis
6. Mother's Maiden Name, " Sherwood
7. Mother's Birthplace, Balto. Md
8. Full Name of Father, John Ellis
9. Father's Occupation,
10. Father's Birthplace, Balto. Md.

Name of Medical Attendant, or other person who makes this Return. E. G. Peterson M. D.

Address, 105 S. H. B. way

Remarks,

875000189

shall enter without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, shall, within twenty-four hours after the birth, give notice to the Commissioner of Health, in the manner and with the particulars required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

70881

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) male

2. Race or Color, (if not of the white race) white

3. Date of Birth, 18 December, 1875

4. Place of Birth, (Street and Number) 5 W. West St.

5. Full Name of Mother, Eva A. Powell

6. Mother's Maiden Name, Parker

7. Mother's Birthplace, King William Co. Va.

8. Full Name of Father, James A. ~~Parker~~ Powell

9. Father's Occupation, Oyster Raiser & Dealer

10. Father's Birthplace, Baltimore City, Md

Name of Medical Attendant, or other Person who makes this Return. Albert B. Lipscum, M.D., C.M.

Address, 501 Sharp St.

Remarks,

0750008198

certificate between the first and third day of each and every month to the Office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should the other person upon the mother, immediately, in the manner and within the time aforesaid, to be required to make such return, it shall become the duty of the person or persons of such child, to make a return of such birth to the Commissioner of Health, who shall be required, and any such person or persons who shall hereunto comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

70882

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother (*state whether 1st, 2d, 3d, &c.*) 6th

1. *Sex,* (*state whether male or female*) Female
2. *Race or Color,* (*if not of the white race*) White
3. *Date of Birth* Dec 18 - 95 - 4 P.M.
4. *Place of Birth,* (*Street and Number*) 1338 - Calhoun St
5. *Full Name of Mother,* Fannie Brown
6. *Mother's Maiden Name,* Fitch
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Walter Brown
9. *Father's Occupation,* Policeman
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other Person who makes this Return. E. L. Krumpelbaum

Address, 1429 W. Calhoun

Remarks, This child died shortly after birth from another cause than effort to expel the shoulders, and the child cannot be

6950001.91

Sherwood & Co., City Printers and Stationers.

Any person who shall neglect or refuse to make out the affidavit required by a Physician or practitioner of midwifery, or should no other person be in attendance upon the mother, any person who shall be present at the birth, shall become the duty of the person or parents of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70883

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored. Bastard
3. *Date of Birth,* Dec 19. 1895 [redacted]
4. *Place of Birth, (Street and Number)* No 2 Talbot St Waverly
5. *Full Name of Mother,* " " " "
6. *Mother's Maiden Name,* Maggie Whindon [redacted]
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* " " " "
9. *Father's Occupation* " " " "
10. *Father's Birthplace,* " " " "

Name of Medical Attendant, or other person who makes this Return, Swan E Mailey attd

Address, No 2 Talbot St Waverly Balto

Remarks, Still Born

6 9 5 0 0 0 3 1 9 2

Wm. J. C. Dulany Co., City Printers and Stationers.

Illegitimate births. Every physician, midwife, or other person who shall attend upon the birth of any child, shall forthwith after such birth, and within the period above required, and in the manner above prescribed, make a return of such birth, with the particulars of the preceding section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70884

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Dec 19. 1895
4. *Place of Birth, (Street and Number)* Waverly Rear 806 Barclay St
5. *Full Name of Mother,* Katharine Boykins
6. *Mother's Maiden Name,* Katharine Brown
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Willis Boykins
9. *Father's Occupation* Teacher
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, Susan E Bailey

Address, No 8 Tollet St Waverly Balto

Remarks, Well

8 7 5 0 0 0 8 1 9 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70885

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 19 - 95
4. Place of Birth, (Street and Number) 116 E Harvey St
5. Full Name of Mother, Ellen Kasinger
6. Mother's Maiden Name, Ellen Hispler
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Kasinger
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. E. A. Brooks

Address, N 1828 Eight St

Remarks, Doing well

8950008194

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70886

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 19 December
4. *Place of Birth, (Street and Number)* 1433 Garrett Ave
5. *Full Name of Mother,* Marie Manthei
6. *Mother's Maiden Name,* Prierwald
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Herman Manthei
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Rolf. Mofan

Address, 1331 Lyne st.

Remarks,

8 9 5 0 0 0 3 1 9 5

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and fifth days of each and every month, to the office of the Commissioner of Health; but in the case of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co. City Printers and Stationers.

RETURN OF A BIRTH. 70887

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* Dec 17. 1895
4. *Place of Birth, (Street and Number)* 164 N. Stamburg St.
5. *Full Name of Mother,* Sarah Pollock
6. *Mother's Maiden Name,* Sarah Barber
7. *Mother's Birthplace,* Newton North Carolina
8. *Full Name of Father,* William Pollock
9. *Father's Occupation* Taylor
10. *Father's Birthplace,* Newton North Carolina

Name of Medical Attendant, or other person who makes this Return, Charlotte Williams

Address, 912 Leden Hall S.O.

Remarks,

6750003196

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70888

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Female.

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 19th

4. Place of Birth, (Street and Number) 1357 N Stricker St.

5. Full Name of Mother, Ella C Suit.

6. Mother's Maiden Name, Ella C Boyles.

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, Wm Frank Suit.

9. Father's Occupation, Plummer.

10. Father's Birthplace, Maryland.

Name of Medical Attendant, or other person who makes this Return, Bortius Trew M D

Address, 310 N Paca St.

Remarks, 8 4 5 0 0 0 8 1 9 7

[illegible] have occurred under his or her care during the [illegible] as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

[illegible] er [illegible] or [illegible] er care during the [illegible] so far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth: and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70889

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* —
3. *Date of Birth,* Dec 19 / 95
4. *Place of Birth, (Street and Number)* No. 1020 N. Dallas Str.
5. *Full Name of Mother,* Louisa Lamp
6. *Mother's Maiden Name,* Buttenbohn
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Nicklas Lamp
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs L. Gross.

Address, No. 1907 E Monument Str.

Remarks,

895U0003198

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70890

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Dec 19th 1895.
4. Place of Birth, (Street and Number) 622 George St.
5. Full Name of Mother, Mary Elizabeth Brown Clayton.
6. Mother's Maiden Name, Mary Elizabeth Brown.
7. Mother's Birthplace, Baltimore.
8. Full Name of Father, Jas N. Clayton.
9. Father's Occupation. Carpenter.
10. Father's Birthplace, Baltimore.

Name of Medical Attendant, or other person who makes this Return. Robt V. Wilson M.D.

Address, 814 x 820 Park Ave.

Remarks,

8 9 5 0 0 0 3 1 9 9

ESL. J. D. DULANY & CO., CITY PRINTERS AND STATIONERS.

[illegible] set forth as far as the same can be ascertained the full names of each child if any shall have been born, the sex, color, the full name and occupation of its parents, the place of birth; and the medical attendant shall be delivered, duly signed by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should the person or parents of such child be unable to procure the signature of the person or other person who shall be required, and third day of each and every month to the Commissioner of Health, in the period above required, and attendance upon the mother, immediately thereafter it shall become the duty of the person in any such person or persons who shall be called upon to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70891

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) The twin

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec the 20 1895
4. Place of Birth, (Street and Number) Pressman St No 405
5. Full Name of Mother, Sophie Crouse
6. Mother's Maiden Name, Sophie Lydie
7. Mother's Birthplace, Germany
8. Full Name of Father, Michael Crouse
9. Father's Occupation, Grocerie & provision
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Jas. B. Donnelly

Address, 1635 E. Walsh St

Remarks, Crouse

8 9 5 0 0 0 0 3 2 0 0

WM. J. C. DULANY DO CITY PRINTER AND STATIONER.

GIVEN NAME ADDED 11-30-59

RETURN OF A BIRTH. 70892

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

George Joseph — Schmidt

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 20th 1895

4. Place of Birth, (Street and Number) 1714 Alice Anna St.

5. Full Name of Mother, Katie Schmidt

6. Mother's Maiden Name, Katie Schlagenhaft

7. Mother's Birthplace, York Pa.

8. Full Name of Father, George Schmidt

9. Father's Occupation. Laborer

10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. Mrs Anna Lenz. Midwife.

Address, 1539 Alice Anna Street.

Remarks,

8 9 5 0 0 0 3 2 0 1

Every [illegible] shall set forth as far as the same can be ascertained the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, by the person or practitioner in the form of a certificate between the first and third days of every month, to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately thereafter, in the manner and within the period above recited, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 70893

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11. 5. living

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* December 20 1895

4. *Place of Birth; (Street and Number)* 400 singer avenue Baltimore City

5. *Full Name of Mother,* Elizith Warfield

6. *Mother's Maiden Name,* Mathews

7. *Mother's Birthplace,* Ohio

8. *Full Name of Father,* James Warfield

9. *Father's Occupation* Tinner

10. *Father's Birthplace,* Howard Co Md

Name of Medical Attendant, or other person who makes this Return, Mrs Mary a Martin

Address, This babey Willnot live i dont

Remarks, Think it is only 8 month

2804 Cedar avenue

8950003202

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70894

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. *Sex, (state whether male or female)* Boy.
2. *Race or Color, (if not of the white race)* white.
3. *Date of Birth,* 20 December.
4. *Place of Birth, (Street and Number)* 1707 Eastern A. v.
5. *Full Name of Mother,* Wilhelmmine Stumpf.
6. *Mother's Maiden Name,* Wilhelmine Norberg.
7. *Mother's Birthplace,* Baltimore.
8. *Full Name of Father,* William Stumpf.
9. *Father's Occupation* Maschinist.
10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other person who makes this Return, Mary Gloss.

Address, No 2 Wolfe Street.

Remarks,

8450008203

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month an shall set forth such as at the same can be ascertained the full name of each child of parents, the date and place of birth and date have occurred under his or her care during the been conferred, the sex of each child, the full name and occupation of its parents, the date and place of birth and date of each such birth, the sex of each child, the full name and occupation of its parents, the date and place of birth and date said schedule shall be delivered to the Commissioner of Health, or shall so to the person or persons of such third day of each and every month to the office of the Commissioner of Health, in the form of a certificate between the first and shall occur without the attendance of a physician or practioner of midwifery, it shall become the duty of the person or other persons be in attendance upon the mother immediately thereafter, it shall become the duty of the person or other persons be in child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Health, and shall set forth, as far as the same can be ascertained, the full name of each child, if any shall have been born, the sex, color, date and place of birth, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in form to a certificate herein required, on the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance who shall be entitled to make the return herein required, such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70895

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	6th.
1. *Sex, (state whether male or female)*	Female.
2. *Race or Color, (if not of the white race)*	White.
3. *Date of Birth,*	December 28th. 1895.
4. *Place of Birth, (Street and Number)*	1708 Linden Ave.
5. *Full Name of Mother,*	Ruth DeWitt.
6. *Mother's Maiden Name,*	Ruth March.
7. *Mother's Birthplace,*	Baltimore City.
8. *Full Name of Father,*	Charles DeWitt.
9. *Father's Occupation*	Merchant
10. *Father's Birthplace,*	Georgia.
Name of Medical Attendant, or other person who makes this Return,	John A. Pennington M.D.
Address,	1716 Linden Ave.
Remarks,	

8950000 3204

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RETURN OF A BIRTH. 70896

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) No 5

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, 20 December 1895
4. Place of Birth, (Street and Number) City andrews Ave. No 14
5. Full Name of Mother, Mary H. Sterling
6. Mother's Maiden Name, Mary H. Henry
7. Mother's Birthplace, Vienna Md
8. Full Name of Father, George Sterling
9. Father's Occupation, oyster Shucker
10. Father's Birthplace, Somerset Co

Name of Medical Attendant, or other person who makes this Return. Darkers Lane Larry

Address, 310 3½ Street

Remarks, 8 9 5 0 0 0 3 2 0 5

Sec. 4. Ch. 3. Ordinance of the City of Baltimore, approved March 4, 1890, provides as follows: "Every physician, midwife, or other person who shall have been concerned in the birth of any child within the City of Baltimore, shall within twenty-four hours after such birth, or within twenty-four hours after he or she shall have been concerned therein, if the birth shall have taken place before the same can be ascertained, the full name of each child, if any shall have been born, the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner to the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health, in the manner and within the period required and shall occur without the attendance of any physician or midwife, or should no other person be in attendance upon the mother, or be provided for the purpose of such certificate, then the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period required and shall immediately thereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY CO CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 70897

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 20th June 1895
4. *Place of Birth, (Street and Number)* Baltimore Md 432 S Stricker St
5. *Full Name of Mother,* Stella B Phillips
6. *Mother's Maiden Name,* " " Haywood
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Harry E Phillips
9. *Father's Occupation* E Buckhaus
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Wm Harry Fleming

Address, 214 S Stricker St Baltimore Md

Remarks, Mother and Child are doing well.

C 750083206

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Any person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of forty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Over

RETURN OF A BIRTH. 70898

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: George ~~Thomas~~ Kemler

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* — —
3. *Date of Birth,* Dec 21, 195
4. *Place of Birth, (Street and Number)* No 1018 N. Dallas Ste
5. *Full Name of Mother,* Theresa Kemler
6. *Mother's Maiden Name,* White
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Chas Kemler
9. *Father's Occupation* Ironmolder
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs L. Gross.

Address, 1907 E Monument Ste

Remarks,

B 4 5 0 0 0 3 2 0 7

been conferred) its sex, color, the full name and occupation of its parents, the date and place of its birth, and the name of the attending physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person last named in such case to report its birth to the Commissioner of Health, in the manner and within the period above prescribed and any person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 11-29-55 70899

RETURN OF A BIRTH

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Roberta Spilman Dunnock

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th + 5th (Twin)

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) W.
3. Date of Birth, 21 Dec. 1895.
4. Place of Birth, (Street and Number) 805 N. Fremont Ave.
5. Full Name of Mother, Nannie Lee Dunnock,
6. Mother's Maiden Name, Spilman,
7. Mother's Birthplace, Balto. City,
8. Full Name of Father, Wm E. Dunnock,
9. Father's Occupation, Salesman,
10. Father's Birthplace, Balto. City.

Name of Medical Attendant, or other person who makes this Return. J. F. Myers M.D.

Address, 1007 W. Lanvale

Remarks,

8 9 5 0 0 0 8 2 0 8

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RETURN OF A BIRTH. 70900

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether 1st, 2d, 3d, &c.*) First child

1. Sex, (*state whether male or female*) Female

2. Race or Color, (*if not of the white race*) Colored race

3. Date of Birth, Born Dec. 21st 1895

4. Place of Birth, (*Street and Number*) 1424 Fairmount Ave. Balto. Md.

5. Full Name of Mother, Aider Locke

6. Mother's Maiden Name, Aider Barnett

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Wells Locke

9. Father's Occupation Laborer

10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Giovanna Brooks

Address, 1751 E. Mullikin St.

Remarks, No remarks this is the full contents

8950008209

[illegible] shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth: and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[illegible] occurs under his or her care during the

Wm. J. C. Dulany Co., City Printers and Stationers

shall set forth under as the same can be ascertained, the full name of each child, the date and place of birth; and the full name, age, occupation and residence of the parents, the date and place of birth; and the sex, color, the full name and occupation of the attending physician or midwife, or other person who shall be delivered, duly to the office of the Commissioner of Health. In case the birth shall take place without the attendance of a physician or practioner of midwifery, of the person or persons the mother, immediately before, or after the birth, in the manner and within the period above required, and to the birth to the Commissioner of Health, shall be a misdemeanor, and shall be punished by a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70901

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)	5th
1. Sex, (state whether male or female)	Male
2. Race or Color, (if not of the white race)	White
3. Date of Birth,	Dec 21st 1895
4. Place of Birth, (Street and Number)	733 S Broadway
5. Full Name of Mother,	Fannie Weinberg
6. Mother's Maiden Name,	" Heck
7. Mother's Birthplace,	Baltimore
8. Full Name of Father,	Morris Weinberg
9. Father's Occupation	Shoe Dealer
10. Father's Birthplace,	Poland
Name of Medical Attendant, or other person who makes this Return,	J Ridgway Andre M.D.
Address,	1 E Dolton

0950000211

RETURN OF A BIRTH. 70902

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second Child

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dec 21st 1895
4. *Place of Birth, (Street and Number)* Fulton Ave near No 2
5. *Full Name of Mother,* Minnie Lolly Martin
6. *Mother's Maiden Name,* Minnie Lolly
7. *Mother's Birthplace,* Charlotte Co Va
8. *Full Name of Father,* William Martin
9. *Father's Occupation* Car Motorman
10. *Father's Birthplace,* Baltimore Md

Name of Medical Attendant, or other person who makes this Return. Mary Deary

Address, 1809 Lemon St

Remarks,

8 9 5 0 0 0 8 2 1 2

Wm. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name can be ascertained the full name of each child, if only one shall have been born, the name of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the attendant, to the parents of such child within the first (third) day of each and every month to the office of the Commissioner of Health, certificate between the first and attendance without the attendance of a physician or practioner of midwifery, or should no other person be in attendance, it shall be the duty of the person or persons in charge of the house in which any child shall be born, within twelve hours after the birth of any child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70903

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) — 2nd

1. Sex, (state whether male or female) — Male
2. Race or Color, (if not of the white race) — Colored
3. Date of Birth, — Feb 21/95
4. Place of Birth, (Street and Number) — B. W. Maternité 29 N. Bond St
5. Full Name of Mother, — Daisey Brown
6. Mother's Maiden Name, — " " "
7. Mother's Birthplace, — Balto City
8. Full Name of Father, — Chas. Mitchell
9. Father's Occupation — Hostler
10. Father's Birthplace, — Virginia

Name of Medical Attendant, or other person who makes this Return, — J. C. Ohlendorf M. D.

Address, — 518 N. Bond St.

Remarks. — 8950008213

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 70904

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth.* December 21-98
4. *Place of Birth, (Street and Number)* Cookie St 1146
5. *Full Name of Mother,* Bertha Smalinsky
6. *Mother's Maiden Name.* Schafer
7. *Mother's Birthplace.* Christburg - West Prussia
8. *Full Name of Father.* Adolph Smalinsky
9. *Father's Occupation* Stevedore
10. *Father's Birthplace,* Rugen - Pommern

Name of Medical Attendant, or other person who makes this Return. Johanna Janske

Address, Garrett Ave 1363

Remarks.

6 9 5 0 0 0 3 2 1 4

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] name and occupation of its parents, the date and place of birth; and the [illegible] signed by the practitioner in the form of a certificate between the first and [illegible] each and every month to the office of the Commissioner of Health. In case the other person be in [illegible] shall occur without the attendance of a physician or practitioner on the date of the person or parents of such [illegible] attendance upon the mother, immediately [illegible] in the manner and within the period above required, and [illegible] child to report its birth to the Commissioner of Health, in the manner and within the period above required, and [illegible] any person or persons who shall hereafter fail to comply with the provisions of this section shall be and [illegible] jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

70905

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec. 21st. 1895
4. Place of Birth. (Street and Number) # 703 William St.
5. Full Name of Mother, Lizie Friedman
6. Mother's Maiden Name, Lizie Siv
7. Mother's Birthplace, Russia
8. Full Name of Father, Heris Friedman
9. Father's Occupation, Merchant Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Dr. H. Rubinstein

Address, # 105 W. Barre St. Balto Md.

Remarks,

8 7 5 0 0 0 3 2 1 5

said schedule shall be delivered, duly signed, to the Registrar of Vital Statistics, in the office of the Commissioner of Health. In case the child shall not survive the mother, the said schedule shall be delivered, in the manner and within the period above required, and the third day of each and every month thereafter, to the said Registrar, or to any other person who shall be entitled to receive the evidence of a physician or practitioner of midwifery, or could no other person be in attendance, the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70916

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) second

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* colored
3. *Date of Birth,* Dec. 21
4. *Place of Birth, (Street and Number)* 408 N. Register St City
5. *Full Name of Mother,* Mrs. Mary Adams
6. *Mother's Maiden Name,* Mary Bradford
7. *Mother's Birthplace,* Easton Shore Md.
8. *Full Name of Father,* Ignatius Adams
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Charles Co. Md.

Name of Medical Attendant, or other person who makes this Return, Mrs Cautine Peterson

Address, 419 Lewis St.

Remarks, Doing well.

8 9 5 0 0 0 8 2 1 6

Wm. J. C. Dulany Co., City Printers and Stationers.

care during the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76907

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5.

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth.* 21 Dezember
4. *Place of Birth, (Street and Number)* 1320 Garrett Av.
5. *Full Name of Mother,* Sphie Münich
6. *Mother's Maiden Name,* " Pagenbach
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Johann Münich
9. *Father's Occupation* Labaar.
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Kerff. Meyer.

Address, 1331 Hull st. Locust Point.

Remarks, Dead Birth

0 4 5 0 0 0 8 2 1 7

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70908

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* December 22-95
4. *Place of Birth, (Street and Number)* Cuba St 1627
5. *Full Name of Mother,* Lizzie Mack
6. *Mother's Maiden Name,* Shade
7. *Mother's Birthplace.* Baltimore - Md
8. *Full Name of Father.* John Mack
9. *Father's Occupation.* Machinist
10. *Father's Birthplace.* Baltimore - Md

Name of Medical Attendant, or other person who makes this Return. Johanna Jonshe

Address. Garrett above 1362

Remarks.

8950003218

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] to name and occupation of its parents, the date and place of such birth, (if any shall have taken place within the city of Baltimore,) and the name of such child, (if any shall have been given,) to the Commissioner of Health, or other person appointed by the first and third clauses of section one of this ordinance, within twenty-four hours after such birth, or shall cause the same to be done, in case the birth of any child shall occur without the attendance of a physician or person duly licensed to practice midwifery, or should no other person be in attendance upon the mother, shall within twenty-four hours after such birth, be required, and shall forthwith report the same to the Commissioner of Health, in the manner and with the particulars required by this section; and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 76909

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Dec 22nd 1895.
4. Place of Birth, (Street and Number) 522. Durham St.
5. Full Name of Mother, Minnie Myers.
6. Mother's Maiden Name, Minnie Overdick.
7. Mother's Birthplace, Baltimore City.
8. Full Name of Father, Charles Myers.
9. Father's Occupation, Can Maker.
10. Father's Birthplace, Germany.

Name of Medical Attendant, or other person who makes this Return. Mrs Anna Lutz Midwife.

Address, 1539 Aliceanna Street.

Remarks,

8 9 5 0 0 0 3 2 1 9

been entered, (if any,) and shall be set on the same can be ascertained the full name of each child, if a boy, or her care during the preceding week, the sex, color, the full name and occupation of its parents, the place of birth, and the date of birth; and the third day of each and every month thereafter shall deliver to the Commissioner of Health, and the shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to cause the birth to be reported to the Commissioner of Health, in the manner and within the period above prescribed, and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

PRS. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 70910

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth.* December 22
4. *Place of Birth, (Street and Number)* 1134 Russel St
5. *Full Name of Mother,* Kay Ann Jones
6. *Mother's Maiden Name,* Mary Ann Johnson
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Eldridge Benjamin Jones
9. *Father's Occupation* Driver
10. *Father's Birthplace,* Cairo Va

Name of Medical Attendant, or other person who makes this Return, Stella Brooks

Address, 1152 Warner St

Remarks, Doing Well

895000220

been conferred) its sex, color, the full name and occupation of the parents, the date and place of birth, and the name of the attendant or person who shall have charge of the case, shall be filed for a certificate between the first and third day of each and every month to the office of the Commissioner of Health. If any such child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be found to report it, the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report it to the Commissioner of Health, in writing, on the prescribed blanks, and the person of any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70911

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Aug. 22. 1895
4. *Place of Birth, (Street and Number)* 2146 Crystal Ave.
5. *Full Name of Mother,* Ida Cecilia Thompson
6. *Mother's Maiden Name,* " " Baker
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* William Chester Thompson
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* St. Mary's Co. Md.

Name of Medical Attendant, or other person who makes this Return, Geo. A. Hartman M.D.

Address, 1131 N. Carolina St.

Remarks,

8 9 5 0 0 0 3 2 2 1

been conferred) the sex, color, the full name and occupation of its parents, the date and place of birth; and the name of the attending physician or midwife, if any, shall be entered in the form of a certificate between the first and third day of each and every month by the practitioner in the form of a certificate between the first and third day of each and every month by the physicians or other persons in attendance upon the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should any other person in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such any such person, or persons, who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70912

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Nov. 22. '95

4. *Place of Birth, (Street and Number)* 1429 Ridge Place

5. *Full Name of Mother,* Jean Robertson Mason

6. *Mother's Maiden Name,* " "

7. *Mother's Birthplace,* Dundee, Scotland

8. *Full Name of Father,* Hugh A. Mason

9. *Father's Occupation* Sheet-metal worker

10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, Geo. A. Hartman M.D.

Address, 1121 N. Carolina St.

Remarks,

8950 08222

been conferred) its sex, color, the full name and place of birth of the mother and the full name of each child, if any shall have survived the parturition of its parents, the date and place of birth of the first and last surviving child of each such mother, and the number of such children, and the number of such children shall become the duty of the person or parents of such child, or in case of a stillborn child, the person who shall have charge of such child, to report its birth to the Commissioner of Health, in the manner and within the time prescribed by the rules and regulations of said office, and the person who shall have charge of such child shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70913

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* December 22nd 1895
4. *Place of Birth, (Street and Number)* 2022 Jefferson place
5. *Full Name of Mother,* L. L. Beach
6. *Mother's Maiden Name,* Lyster
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Edgard, T. Beach
9. *Father's Occupation,* Fireman
10. *Father's Birthplace,* Pennsylvania

Name of Medical Attendant, or other person who makes this Return. Morris Shanks M.D

Address, Cor Union & Druid ave

Remarks,

8 9 5 U 0 0 3 2 2 3

month, and shall set forth as far as the same can be ascertained the full name of each child, if there shall have been more than one, the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered by the said person to the Commissioner of Health within the third day of each and every month to the office of the Commissioner of Health. In cases where the first and shall occur without the attendance of a physician or practitioner of midwifery, or should no other return be entitled to report it to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. O. BULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 70914

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Mal
2. *Race or Color, (if not of the white race)* Colred
3. *Date of Birth,* december th 29
4. *Place of Birth, (Street and Number)* repard st 812
5. *Full Name of Mother,* Mary smitt
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Kent County
8. *Full Name of Father,* James Philips
9. *Father's Occupation,* labor
10. *Father's Birthplace,* richmond virginia

Name of Medical Attendant, or other person who makes this Return, Bridgett Hunt

Address, 111 west Hurey st

Remarks, full 9 months

8950003224

WM. J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

Town confinement, the birth as far as the same can be ascertained the full name of the father, has or her care during the said confinement, the date and place of birth, the sex, color, the full name and occupation of its parents, the date and place of birth shall have been entered in a register of births, kept by the practitioner in the form of a certificate between the first and third day of each and every month to be signed by the practitioner or the person or persons who shall have attended such birth, or in the absence of such person or persons, then by the nurse or other person who shall have been present at such birth, or in the absence of such person or persons, then by the father or mother of such child, or in the absence of such persons, then by the person or persons in charge of the premises where such birth shall occur without the attendance of a physician or practitioner of midwifery, shall within the period above required, and within twenty-four hours thereafter if such child shall become the ward of the person or persons in charge of any such person or persons who shall have neglected or refused to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70915

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* December 24 1895
4. *Place of Birth, (Street and Number)* 401 Battery Ave
5. *Full Name of Mother,* Mollie Heying
6. *Mother's Maiden Name,* Kirschau
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* August Heyd.g
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Caroline Schwartz

Address, 434 E. Fort ave

Remarks,

8 9 5 0 0 0 3 2 2 5

Wm. : C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70916

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 24
4. Place of Birth, (Street and Number) 778 St Peter St
5. Full Name of Mother, Sarah Myers
6. Mother's Maiden Name, Sarah Wolf
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles E. Myers
9. Father's Occupation Clerk
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Hellgonda Glefer

Address, 734 St Peter St

Remarks, 84500032 26

Wm. J. C. Dulany Co., City Printers and Stationers.

Sec. 1. Be it ordained, &c., That a record of the full name of each child of one year and under, born during the year, its sex, color, the full name and occupation of its parents, the date and place of birth, shall be made by the physician, midwife or other person who shall have attended at the birth, or who shall be called upon to do so, within twenty-four hours after the birth, and shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or shall occur in other places than the place of attendance, within the time aforesaid, it shall become the duty of the person or persons in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 7097

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Feb 24/95
4. *Place of Birth, (Street and Number)* B. M. Maternity 29 N. Bond St
5. *Full Name of Mother,* Hattie Byrd
6. *Mother's Maiden Name,* " " Wilson
7. *Mother's Birthplace,* Accomac Co. Va.
8. *Full Name of Father,* Wm Byrd
9. *Father's Occupation* Sailor
10. *Father's Birthplace.* Va.

Name of Medical Attendant, or other person who makes this Return. J. C. Ohlendorf M.D.

Address. 518 N. Bond St

Remarks.

8 9 5 0 0 0 3 2 2 7

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should the other person who shall make the return in place of a physician or midwife, fail to report the birth of such child, the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 70918

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec. 24. 1895
4. Place of Birth, (Street and Number) 1622 E. Monument St.
5. Full Name of Mother, Catherine Florence Connelly
6. Mother's Maiden Name, " " Clark
7. Mother's Birthplace, Baltimore, Md.
8. Full Name of Father, Chas. Wm. Connelly
9. Father's Occupation Electrician
10. Father's Birthplace, Balt. Md.

Name of Medical Attendant, or other person who makes this Return, Geo. A. Hartman M.D.

Address, 1121 W. Lexington St.

Remarks,

8 9 5 0 0 0 3 2 2 8

Wm. J. C. Dulany Co., City Printers and Stationers.

(Sec. 3. (1) ... color, the full name and occupation of its parents, the date, and place of birth, and the ... shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or if no other person be in attendance upon the mother, the mother, if able, and if not, then some other person present at such birth or responsible therefor, shall within the period above required, and in the manner and with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70919

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 22 1895
4. *Place of Birth, (Street and Number)* 1809 E. Pratt st
5. *Full Name of Mother,* Lena Wells
6. *Mother's Maiden Name,* Rosa Kuhnegen
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Jacob Wells
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Dr. W. E. Peggy

Address, 222 S. E. Rankin st

Remarks, 8950003229 City

said schedule shall be signed by the practitioner in the form of a certificate between the first and third day of each and every month, specifying the number of births, if any, during the month; and the said schedule shall also be signed by the person who shall have attended as midwife, or nurse, at the birth of any child, shall secure without the attendance of a physician or practitioner of midwifery, or should neither such person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall therefore fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70920

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White
3. Date of Birth, 24th day of December
4. Place of Birth, (Street and Number) #230 Forest Street
5. Full Name of Mother, Ida Andrewson.
6. Mother's Maiden Name, Ida Baldwin.
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Andrewson.
9. Father's Occupation C & R.
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Carline Patterson

Address, #419 Lewis Street.

Remarks, Doing well as can be expected

1 8 9 5 0 0 0 8 2 3 0

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 7,092.1

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~) First

1. Sex (state whether male or female), Female

2. Race or Color (if not of the white race), White

3. Date of Birth, December 24 1895

4. Place of Birth (Street and Number), 435 N. High St

5. Full Name of Mother, Era Cohen

6. Mother's Maiden Name, " Schrader

7. Mother's Birthplace, New York City

8. Full Name of Father, Abraham Cohen

9. Father's Occupation, Merchant

10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return. J. E. Heard, M.D.

Address, 202 Aisquith St

Remarks, Child was prematurely born and died 14 hours after birth

8 4 3 0 0 0 8 2 3 1

...e Publishing Co., City Printers and Stationers.

...to delivered, duly signed by the practitioner in the form of a certificate that has sent the first and third day of each and every month to the Commissioner of Health. It is also the duty of the person in attendance at the birth to the attendance of a physician or midwifery, or the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above recited, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70922

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (~~*state whether 1st, 2d,*~~ *3d*, ~~*&c.*~~) .....

1. *Sex*, (~~*state whether male or*~~ *female*) .....
2. *Race or Color*, (~~*if not of the white race*~~) .....
3. *Date of Birth*, 25 December 1895.
4. *Place of Birth*, (*Street and Number*) 46 S. Greene St.
5. *Full Name of Mother*, Mrs Amelia Levy
6. *Mother's Maiden Name*, Amelia Elfant
7. *Mother's Birthplace*, Russia
8. *Full Name of Father*, Jacob M. Levy
9. *Father's Occupation*, Clothing Manufacturer
10. *Father's Birthplace*, Russia

Name of Medical Attendant, or other person who makes this Return. B. F. Leonard MD.

Address, 125 Jackson Street

Remarks, ...

8 9 5 0 0 0 3 2 3 2

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 70923

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

Name Wilmer Caspar Glaser

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 2nd
4. Place of Birth, (Street and Number) 657 Bane St
5. Full Name of Mother, Rosa Glazer (Glaser
6. Mother's Maiden Name, Rosa McCue
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John Glazer (Glaser
9. Father's Occupation, Tailor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Kelligonda Olifer

Address, 734 St. Peter St

Remarks, 8 75000233

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] name of each child, (if any shall have [illegible] of its parents, the date and place of birth; and the [illegible] of the birth of any child, or should no other person be in [illegible] of such [illegible] shall be [illegible] and forfeitures are recoverable.

[illegible] color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner, in the form of a certificate (which the first said [illegible] or midwifery, or should no other person be in attendance, the [illegible] shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, or be recovered in other fines and forfeitures are recoverable.

One

RETURN OF A BIRTH. 70924

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Edward ~~Robinson~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* No
3. *Date of Birth,* December 25
4. *Place of Birth. (Street and Number)* 1240 James St.
5. *Full Name of Mother,* Leah H. (~~B.~~ Robinson)
6. *Mother's Maiden Name,* Leah H. (~~Carr~~) Carrick
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Edward C. (~~Robinson~~) Robinson
9. *Father's Occupation* Carpenter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mary Morgan

Address, 612 Scott St.

Remarks, 8 4 5 U 0 2 3 4

can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 77925

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male ~~or female~~)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth* Oct 25th 95
4. *Place of Birth, (Street and Number)* 403 Allison st.
5. *Full Name of Mother,* Mary Williams
6. *Mother's Maiden Name,* Bogean
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Charles Williams
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, Dr Joh Vanuce.

Address, 1735 W. Pratt.

Remarks,

8 9 5 0 0 0 8 2 3 5

said whether male or female, color, the full name and occupation of the mother, and the full name of each child, if any, and have the third day of each month to the office of the Commissioner of Health, in the form of a certificate between the first and shall occur without the exemption of a physician or midwife, or shall be born out of any house, the person in attendance upon the mother, immediately thereafter, shall inform the Commissioner of Health, in the manner and within the period above required, and shall be liable to the penalty hereinafter imposed for the neglect or refusal to do so; and if any such person be a physician, he shall be liable to the penalty of Ten Dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. O. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 70926

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 13th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Thursday Dec 26th 95 - 7.30 P.M.
4. *Place of Birth, (Street and Number)* 337 Davis St
5. *Full Name of Mother,* Alice E. Sampson
6. *Mother's Maiden Name,* Alice E. Peck
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wm. T. Sampson
9. *Father's Occupation* Dead - first month ago
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. E. Smith MD

Address, 112 N. Mulberry St Baltimore

Remarks, 8950008236

said sector, shall be liable to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70927

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5 child

1. *Sex, (state whether male or female)* female child
2. *Race or Color, (if not of the white race)* Colored child
3. *Date of Birth,* December 26 1895
4. *Place of Birth, (Street and Number)* 256 S Bruce St
5. *Full Name of Mother,* Lucy Cook age 28
6. *Mother's Maiden Name,* Lucy Webster
7. *Mother's Birthplace.* Lancaster Co. Va.
8. *Full Name of Father,* Charles R. Cook age 30
9. *Father's Occupation,* Common labor
10. *Father's Birthplace,* King George Co Va

Name of Medical Attendant, or other person who makes this Return, Mrs Carrie Reid

Address, 412 Patrick St.

Remarks,

8950003237

said schedule shall be delivered daily, under the hand and occupation of its parents, the date and place of birth; and the name, if any, shall be registered by the practitioner in the form of a certificate between the first and third day of each and every month to the Registrar of Vital Statistics, City of Baltimore; in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or shall be unattended by any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

Each child born in this city shall be registered, and the full name of each child, (if any shall have been given,) its sex, color, the full name and occupation of its parents, the date and place of birth, and the name of the attending physician or midwife, if any, shall be reported to the Commissioner of Health, on certificates to be furnished for that purpose by said scientific shall be delivered, duly signed by the attending physician or midwife, or other person in charge, within the first ten days of each and every month, or other period as the Commissioner of Health shall have prescribed, to the Registrar of Vital Statistics, who shall keep a record of the same, and with the seal of his office, issue certificates of birth, and shall have power to compel the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the time above prescribed, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70 928

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 26, 1895
4. Place of Birth, (Street and Number) 129 Spring Row
5. Full Name of Mother, Yessel Sakolsker
6. Mother's Maiden Name, Yessel Warnsar
7. Mother's Birthplace, Russia
8. Full Name of Father, Louis Sakolsky
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Mrs G. Feldman

Address, 1015 E. Lombard St. Balto

Remarks.

1 8 9 5 0 0 0 3 2 3 8

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70929

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Esther Greenberg

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 26 1895
4. Place of Birth, (Street and Number) 5241 Fairmount ave
5. Full Name of Mother, Sarah Greenberg
6. Mother's Maiden Name, Sarah Benjamin
7. Mother's Birthplace, England
8. Full Name of Father, Jacob Greenberg
9. Father's Occupation Presser
10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return. Wm A. Feldman

Address, 1013 E. Lombard

GIVEN NAME ADDED 1-26-54

Remarks.

8 7 5 0 0 0 3 2 3 49m

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred, its sex, color, or if the same can be ascertained the full name of each child, (if any shall have been born,) the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly filled and verified, in form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health; in case no other person shall occur without the attendance of a physician or practioner of midwifery, or should no other person or attendant report the birth of any child to report the birth to the Commissioner of Health, it shall become the duty of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71930

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Dec 26th 1895
4. *Place of Birth, (Street and Number)* 1717 Hanover St
5. *Full Name of Mother,* Lizzie Gadd
6. *Mother's Maiden Name,* " Morrow
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Thos J Gadd
9. *Father's Occupation* Machinist
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Leo R Rahaim

Address, 725 Columbia ave

Remarks,

1 8 9 5 0 0 0 8 2 4 0

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70931

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Dec 26th 1905.
4. *Place of Birth, (Street and Number)* 119 Tyson Alley
5. *Full Name of Mother,* Catherine Adonia Cummings
6. *Mother's Maiden Name,* ———
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* ———
9. *Father's Occupation,* ———
10. *Father's Birthplace,* ———

Name of Medical Attendant, or other person who makes this Return J. D. Farrar

Address, 307 W. Lanvale St.

Remarks,

8950000241

said child, its sex, color, the full name and occupation of its parents, the date of birth, and the place of birth, and such other particulars as may be required by the Commissioner of Health; and the said return shall be delivered, duly signed by the practitioner in the form of a certificate between the first and the tenth day of each month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall be the duty of the father or other person in charge of such child to report its birth to the Commissioner of Health. In the manner and within the period above stated, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 70932

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored race
3. *Date of Birth,* Born Dec. 2, th 1895
4. *Place of Birth, (Street and Number)* 1730 McCulloh St Baltimore Md.
5. *Full Name of Mother,* Roxanna Fail
6. *Mother's Maiden Name,* Roxanna Brooks
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* George Peter Hall
9. *Father's Occupation* Barber
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Georgianna Brooks

Address, 1751 E. Mulliken St

Remarks, Roxanna Br.

8 9 5 0 0 0 3 2 4 2

Sex (or, if not of the white race, color, the full name and occupation of its parents, the date and place of birth of the child (if any shall have been born previously to the birth of the child to be registered), and the full name of each child (if any shall have died) shall be delivered duly signed by the practitioner in the form of a certificate between the first and the fifteenth day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the presence of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70933

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Ninth. Twins

1. Sex, (state whether male or female) Male and Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 26th 1895
4. Place of Birth, (Street and Number) 1750 Gay st
5. Full Name of Mother, Mary Noark
6. Mother's Maiden Name, Mary Curtais
7. Mother's Birthplace, Europe. Bochemia
8. Full Name of Father, Frank Noark
9. Father's Occupation Labor
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Bruns

Address, 1600 N. Chester st

Remarks,

8750 003243

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 76934

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Nov 26. 1895
4. *Place of Birth, (Street and Number)* Rear 51 Waverly
5. *Full Name of Mother,* Rachel Bundy
6. *Mother's Maiden Name,* Rachel Walker
7. *Mother's Birthplace,* St Marys Co
8. *Full Name of Father,* Tom Bundy
9. *Father's Occupation* Waiter
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return, Susan E Bailey

Address, 47 Tyler St Waverly

Remarks. Well Kept

8950003244

When converted, its sex color, the full name and occupation of its parents, the date and place of birth and the name of each child, if any, shall have been ascertained, the mother shall be able to produce a certificate of the birth of the first and third day of each and every month to the office of the Commissioner of Health, Baltimore City, and no other person shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in the room in which the child is born, the person who shall be present shall be required to give the information herein specified, and shall forward the same to the Commissioner of Health, as above, within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70150

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* boy
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 26 December
4. *Place of Birth, (Street and Number)* Hosp. West Alley
5. *Full Name of Mother,* Barbara Tillmann
6. *Mother's Maiden Name,* = Schwenger
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Matthias Tillmann
9. *Father's Occupation* =
10. *Father's Birthplace,* Germ.

Name of Medical Attendant, or other person who makes this Return. Anna Walker

Address, 928 North Central Ave.

Remarks,

said schedule shall be delivered, duly signed by the attendant or the parents, the date and place of birth; and the shall cover, who shall be the attendant of a physician or practioner of midwifery, or should no other person be in attendance upon the birth, then the mother of such child shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

6750888245

RETURN OF A BIRTH. 70936

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec. 27 1895
4. *Place of Birth. (Street and Number)* 1100 N. Stricker St
5. *Full Name of Mother,* Bernice G. Boyd
6. *Mother's Maiden Name,* Bernice G. Tuttle
7. *Mother's Birthplace,* Balto City Md
8. *Full Name of Father,* Thos. A. Boyd
9. *Father's Occupation,* Merchant
10. *Father's Birthplace,* Howard Co. Md

Name of Medical Attendant, or other person who makes this Return. D. M. F. Chappell,

Address, 851 N. Gilmor St.

Remarks,

8950003246

WM. J. C. SULLAVY CO. CITY PRINTERS AND STATIONERS.

the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate hereinafter prescribed, to the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above specified, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71937

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 27 1895
4. *Place of Birth, (Street and Number)* 211 N. High St
5. *Full Name of Mother.* Rosa Talken
6. *Mother's Maiden Name,* Rosa Don
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Chif Talken
9. *Father's Occupation* Peddler
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. Mrs. J. Feldman

Address, 1013 E Lombard St.

Remarks,

8 7 5 0 0 0 3 2 4 7

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70938

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14th Child

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Dec 24th 1895
4. Place of Birth, (Street and Number) 142 Gilmore Alley
5. Full Name of Mother, Rachel Gullen
6. Mother's Maiden Name, Rachel Hughes
7. Mother's Birthplace, Carroll Co Md
8. Full Name of Father, Joseph Gullen
9. Father's Occupation Hod Carrier
10. Father's Birthplace, Howard Co

Name of Medical Attendant, or other person who makes this Return. Mary Dorsey

Address, 1809 Lemmon Alley

Remarks,

8 Y 5 0 0 0 8 2 4 8

Wm. J. C. Dulany Co., City Printers and Stationers.

Every birth shall be delivered, duly signed by the physician or other person of the parents, the date and place of birth, the sex, the color, the number of the child, and the name of the mother, at the office of the Commissioner of Health, within twenty-four hours after the first and third day of each and every month, if a physician or practitioner is the form of a certificate; if a midwife, the birth of any child shall occur without the attendance of a physician or practitioner, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parent, or nurse, or midwife, in the manner and within the period of time specified in this section shall be subject to the provisions of the ordinances of the City of Baltimore relative to the registration of births, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70939

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Dec 28th 1875
4. *Place of Birth, (Street and Number)* 426 W Biddle
5. *Full Name of Mother,* Mary J Sperling
6. *Mother's Maiden Name,* Mary J. Berry
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Louis Sperling
9. *Father's Occupation* Coloter
10. *Father's Birthplace,* Columbia S.C.

Name of Medical Attendant, or other person who makes this Return. Mary Hazy

Address, 1809 Lanvale St

Remarks,

8 9 5 0 0 0 3 2 4 9

said schedule shall be delivered, duty signed by the practitioner. The form of a certificate for each child, and the shall occur within the earlier period, shall become the duty of the person or parents of such attendance upon the mother, or if there be no such person, then within the period above required, and child to report its birth to the Commissioner of Health, in the manner and within the period above required, and every such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. F. C. Bellamy Co., City Printers and Stationers.

RETURN OF A BIRTH. 70940

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1st, 2d, 3d, &c.) 3d.

1. *Sex,* (*state whether male or female*) Male

2. *Race or Color,* (*if not of the white race*) White

3. *Date of Birth,* Dec 23th / 95

4. *Place of Birth,* (*Street and Number*) 2200 Essex st

5. *Full Name of Mother,* Emma Krepp

6. *Mother's Maiden Name,* Emma Schlegen

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* Wm Krepp

9. *Father's Occupation* Store Keeper

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. H. E. Peregoy

Address, 225 E. Banks st

Remarks, City

8950003250

or her care during the

same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth: and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70941

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether ~~male or~~ female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 28, 1895
4. Place of Birth, (Street and Number) 1118 Mosher St.
5. Full Name of Mother, Louisa ~~Wm~~ Kerckhoff
6. Mother's Maiden Name, Louisa Wiggers
7. Mother's Birthplace, Germany
8. Full Name of Father, Herman Kerckhoff
9. Father's Occupation, Artist.
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, John Girdwood M.D.

Address, 930 N. Carrollton Ave

Remarks, Child born at 8½ and one half months pregnancy

8950 03251

Any one of each and every month, signed by the practitioner in the form of time and place of birth; and the number of children of the mother, if alive, or stillborn, shall be sent to the office of the Commissioner of Health, certificate between the first and ninth days of the month, or a blank, if there shall occur no birth within the month, or shall be no other person to be in attendance upon the mother, immediately thereafter, if shall be the duty of the person or practitioner of midwifery, or attendant upon the child, to make a return of such birth to the Commissioner of Health, in the manner and within the period above required, and any such person or practitioner who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70942

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colord
3. *Date of Birth,* december the 28 1895
4. *Place of Birth, (Street and Number)* 1048 south Howard st
5. *Full Name of Mother,* Victoria Williams
6. *Mother's Maiden Name,* Victoria Bemf
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* James Bemf
9. *Father's Occupation* labour
10. *Father's Birthplace,* north Humberland County

Name of Medical Attendant, or other person who makes this Return, ranyal Jane Thomison

Address, 134 west Hugh st

Remarks, full 9 months

8 Y 5 U 0 0 0 2 5 2

Wm. J. C. Dulany Co., City Printers and Stationers.

Owu

RETURN OF A BIRTH. 70943

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Edith ~~Tilghman~~ Fifth (5th)

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Sunday Dec. 29th 95. (4.45 AM)
4. Place of Birth, (Street and Number) 230. N Calhoun St
5. Full Name of Mother, Elmira (~~Reinoke~~) Tilghman
6. Mother's Maiden Name, Elmira Seymour
7. Mother's Birthplace, Baltimore
8. Full Name of Father, (~~Wm F. Reinoke~~) Frank Tilghman
9. Father's Occupation Tailor
10. Father's Birthplace, (Baltimore) Maryland

Name of Medical Attendant, or other person who makes this Return, Chas Mell MD.

Address, 112. W Mulberry St

Remarks, 8950008253

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be sub-
[illegible] or forfeitures are recoverable.
[illegible] of yet care during the
[illegible] of any child, (if any shall have
[illegible] of birth and the
[illegible] of the birth of any child
[illegible] or should no other person be in
[illegible] the duty of the person or parents of such
[illegible] shall be sub-
[illegible] shall hereafter fail to comply with the provisions of this section, shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70944

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, 29. th December
4. Place of Birth, (Street and Number) No 1511 Boyle St
5. Full Name of Mother, Hattie C. Weigan
6. Mother's Maiden Name, " " " Geeck
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Conrad J. Weigan
9. Father's Occupation, Laborer
10. Father's Birthplace, Baltimore City Md

Name of Medical Attendant, or other person who makes this Return, Mrs. C. Allen.

Address,

Remarks,

6950003254

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month, to the office of the Commissioner of Health, in the manner and within the period above recited and shall cover all births occurring during the preceding month; and if any such person or persons of the class aforesaid shall fail to report its birth to the Commissioner of Health, in the manner and within the period above recited, or shall cover any such birth in any other manner than as herein prescribed, or shall fail to comply with the provisions of this section, any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered, or other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70945

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female).* Female
2. *Race or Color, (if not of the white race).* White
3. *Date of Birth,* Dec 29, 1893
4. *Place of Birth, (Street and Number)* 252 E Pratt St
5. *Full Name of Mother,* Barbara Delzors
6. *Mother's Maiden Name,* Barbara Kaufman
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Frank Delzors
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Balt

Name of Medical Attendant, or other person who makes this Return, Mary L Swayne

Address, 824 Carlton St.

Remarks.

8 9 5 0 0 0 3 2 5 5

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70946

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 29 Dec 1895
4. *Place of Birth, (Street and Number)* 20 E Pratt St
5. *Full Name of Mother,* Bessie Welch
6. *Mother's Maiden Name,* " Hurt
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* William Welch
9. *Father's Occupation* Lieut Lieutenant
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mrs O. A. Brooks

Address, 1828 Light St

Remarks, Doing well

8950003256

Wm. J. C. Dulany Co., City Printers and Stationers.

Section 1. Be it ordained by the Mayor and City Council of Baltimore, That the sex, color, the full name and occupation of its parents, the date and place of birth, and the name of each child (if any shall be born) of every woman in labor, shall be reported by the practitioner in the form of a certificate between the first and third day of each and every month to the Office of the Commissioner of Health, or other person or persons duly appointed to receive said schedule shall be delivered to the Office of the Commissioner of Health, or shall be open for the inspection of the said Commissioner of Health, or any other person or persons duly appointed to receive said schedule, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or shall be in other cases, or when the said schedule shall not be delivered to the Office of the Commissioner of Health, or any other person or persons duly appointed to receive said schedule, in the manner and within the period above required, and attendance upon the mother immediately thereafter it shall become the duty of the person or persons so attending to report the birth to the Commissioner of Health, in the manner and within the period above required, and shall be the duty of the said Commissioner of Health, to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70947

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 29 Dec 1895
4. *Place of Birth, (Street and Number)* West St 11
5. *Full Name of Mother,* Katty Hardy
6. *Mother's Maiden Name,* Shultz
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* John Hardy
9. *Father's Occupation* Conductor B & O R R
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Nurse E. A. Brooke

Address, # 1828 Eight St

Remarks, Doing well

8950008257

said schedule shall be delivered, duly signed by the practitioner in person, the date and place of birth, and the sex of each child born within the city, the full name and occupation of the parents, the date and place of birth, and the day of each and every month to the office of the Commissioner of Health. In case the birth of such child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, the person or persons who shall be present and with the parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70948

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 29th
4. Place of Birth, (Street and Number) 1158 Scott St
5. Full Name of Mother, Margie H. Ford.
6. Mother's Maiden Name, Margie H. Riall
7. Mother's Birthplace, Balto. Md
8. Full Name of Father, Wm E. Ford.
9. Father's Occupation, Grocery Business
10. Father's Birthplace, Balto. Md

Name of Medical Attendant, or other person who makes this Return, Mrs Bange

Address, 111 N Cross St

Remarks,

8950008258

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] sex, color, the full name and occupation of its parents, the date and place of birth; and the [illegible] name of each child, (if any shall have [illegible] said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or if such no other person be in [illegible] attendance upon the mother, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70 949

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 d.

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dec. 29 (6. 30 A. M.)
4. *Place of Birth, (Street and Number)* 227 Parkin street
5. *Full Name of Mother,* Daisy Baker,
6. *Mother's Maiden Name,* Haines
7. *Mother's Birthplace,* Balto Md.
8. *Full Name of Father,* Thomas Baker
9. *Father's Occupation* Laborer.
10. *Father's Birthplace.* Balto Md.

Name of Medical Attendant, or other person who makes this Return. Mrs. M. Lanse (for the

Address, Mother Relief Society) 632 N. Fremont Ave.

Remarks,

8950 08259

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in the city of Baltimore, and shall occur without the city, or shall not be delivered as aforesaid, or shall be delivered after the expiration of the period above specified, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70950

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 11

1. *Sex, (state whether male or female)*
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 22 Dec
4. *Place of Birth, (Street and Number)* Cross St 54
5. *Full Name of Mother,* Mary A Strang
6. *Mother's Maiden Name,* Mary A Keller
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Frank Strang
9. *Father's Occupation,* Cooper
10. *Father's, Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Katie Munch

Address, 800 Leadenhall Street

Remarks,

8950008260

Wm. J. C. Dulany Co., City Printers and Stationers.

and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each month, to the officer of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physicians or midwife, or the parents or parents of such child, or the person in charge of the house or premises where such birth shall occur, shall be in default in the manner and within the period hereinbefore specified, or shall be guilty of any other neglect or refusal to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70951

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

~~Name~~ Bernard George Griffith

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 29/95
4. Place of Birth, (Street and Number) 624 W Lee St
5. Full Name of Mother, Annie Griffith
6. Mother's Maiden Name, Annie Marks
7. Mother's Birthplace, Baltimore, Md
8. Full Name of Father, Geo. E Griffith
9. Father's Occupation, Salesman
10. Father's Birthplace, Maryland

Name of Medical Attendant, or other person who makes this Return. Katie Wunich

Address, 800 Leadenhall Street

Remarks, [illegible] 6-19-52

8950003261

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be delivered, duly signed by the practitioner or the parents, the date and place of birth; and the third day of each and every month to the office of the Commissioner in the form of a certificate between the first and tenth days of each month, in the case of a female, the birth of any child attended by a midwife without the attendance of a physician or practitioner of midwifery, or in case the birth of any child shall be not attended by any person, the mother of such child shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

[illegible] her care during the [illegible] be ascertained the full name of each child (if any shall have been delivered) its sex, color, the full name and occupation of its parents, the date and place of birth: and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70953

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth Child

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* 29 of Dec 1895

4. *Place of Birth, (Street and Number)* Baltimore Md 1933 W Pratt St

5. *Full Name of Mother,* Emil L Franke

6. *Mother's Maiden Name,* " " Partner

7. *Mother's Birthplace,* Germany.

8. *Full Name of Father,* Carl [illegible] Franke

9. *Father's Occupation* Lawyer.

10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return, Mr Mary Klening

Address, 414 S Stricker St Baltimore Md.

Remarks, Mother and Child are doing well

8950008262

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70953

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2th

1. *Sex, (state whether male or female)* female.
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 29 day of December. 1895
4. *Place of Birth. (Street and Number)* 1230 Canton street.
5. *Full Name of Mother,* Marie Gibolska
6. *Mother's Maiden Name,* — Maiyetska
7. *Mother's Birthplace,* Germany.
8. *Full Name of Father,* Frank Gibolski
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs P. Lierzemann

Address, 1208 Hare st.

Remarks,

8 7 5 0 0 0 3 2 6 3

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be delivered a duly signed by the [illegible] the occupation of its parents, the date and place of birth of each child, if any, shall have [illegible] the third day of each and every month after the birth of any child, and shall be [illegible] shall occur without the attendance of a physician or practitioner in the form of a certificate between the first and the attendance upon the mother, immediately thereafter it shall become the duty of the person in charge of such house, or the nurse or other person in attendance, to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70954

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 29 1895
4. *Place of Birth, (Street and Number)* Lancaster st 1711
5. *Full Name of Mother,* Mary Martin
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Andrew Martin
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mary Kopka

Address, Washington st 205

Remarks,

8950008264

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] is sex, color, the full name and occupation of its parents, the date and place of birth, and the [illegible] name of each child, (if any shall have [illegible] said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the registrar of vital statistics, in default of which such delivery shall occur without the attendance of a person other than the father or mother of any child, or should no other person be in attendance upon the mother at the time of birth, the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above prescribed, and upon failure so to do, the person who shall be required by this section shall be liable to a penalty of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Sec. 8. Be it further enacted, that the attending physician or midwife, or other person in charge of the case, shall be required to report the birth of any child born in the City of Baltimore, within the period above required, and shall receive from the parents, or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70 955

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, ~~2d, 3d, &c.~~)

1. *Sex, (~~state whether male~~ or female)*
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 29. 1895
4. *Place of Birth, (Street and Number)* 813 Frederick Ave. Est.
5. *Full Name of Mother,* Henrietta Pleck
6. *Mother's Maiden Name,* Henrietta Jethick
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Conrad Pleck
9. *Father's Occupation,* Cooper and Driver
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Lewis H. Gundry M.D.

Address, 791 Fred. Ave. Est

Remarks, This certificate is delayed owing to the fact that I thought the Midwife had already reported the birth.

6950003265

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70956

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* —
3. *Date of Birth,* Dec 29. 1905
4. *Place of Birth, (Street and Number)* No. 1919 Clough St.
5. *Full Name of Mother,* Katy Sieman
6. *Mother's Maiden Name,* Steves
7. *Mother's Birthplace,* Williamsport
8. *Full Name of Father,* Otto H. Sieman
9. *Father's Occupation* Saloon
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs L. Gross

Address, No. 1907 E. Monument St.

Remarks,

B 4 5 0 0 8 8 2 6 6

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70957

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) (1)

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 528 Druid Hill Ave
4. *Place of Birth, (Street and Number)* December 29, 1895
5. *Full Name of Mother,* Mary A Keller
6. *Mother's Maiden Name,* Martha A Claire
7. *Mother's Birthplace,* Ellicott City
8. *Full Name of Father,* Theodore Keller
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs Susan Kelly

Address, 1922 Watkins Ave

Remarks,

8950008267

Wm. J. C. Dulany Co., City Printers and Stationers.

Said Schedule shall be sex, color, the full name and occupation of the parents, the date and place of birth; and the full name of each child, if any shall have been born to the mother, including the child to be reported, and the living or dead, and if living, whether male or female. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above prescribed, and any such person or persons who shall fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70958

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 29 1895
4. Place of Birth, (Street and Number) Aliceanna st 1193
5. Full Name of Mother, Annie Kamowy
6. Mother's Maiden Name,
7. Mother's Birthplace, Bohaimer
8. Full Name of Father, Frank Kamowy
9. Father's Occupation Labor
10. Father's Birthplace, Bohaimer

Name of Medical Attendant, or other person who makes this Return, Mary Pickitis

Address, N Washington st 205

Remarks,

8950008268

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or shall occur in other places than the residence of the mother, the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, shall become the duty of the person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70959

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* W hite
3. *Date of Birth,* Dec 29 1895
4. *Place of Birth, (Street and Number)* Dason st 218
5. *Full Name of Mother,* Barbara Charak
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohaimen
8. *Full Name of Father,* Joseph Charsek
9. *Father's Occupation* Boarciwen
10. *Father's Birthplace,* Sokoe Maker

Name of Medical Attendant, or other person who makes this Return Harry Kostka

Address, 1 Washington st cor

Remarks.

8 9 5 0 0 0 8 2 6 9

Wm. C. Dulany Co., City Printers and Stationers.

[illegible] is sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance, the father, if present, shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70 9160

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2te Kind

1. Sex, (state whether male or female) Madchen
2. Race or Color, (if not of the white race) white race
3. Date of Birth. 29 December 1895
4. Place of Birth. (Street and Number) 231 S. Eden st
5. Full Name of Mother, Ester Keitin
6. Mother's Maiden Name, Europa
7. Mother's Birthplace, L. Keitin
8. Full Name of Father, Bigler
9. Father's Occupation,
10. Father's Birthplace,

Name of Medical Attendant, or other person who makes this Return, Lina Wagenheim

Address, 1107 E Pratt st

Remarks,

0950008270

Third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or parents who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 12-23-59

RETURN OF A BIRTH. 70961

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Gertrude Failing Groff

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Twelfth

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 29th 1896
4. *Place of Birth, (Street and Number)* 732 Roland Ave
5. *Full Name of Mother,* Louise R Groff
6. *Mother's Maiden Name,* Bleth
7. *Mother's Birthplace,* New York City
8. *Full Name of Father,* Franklin L Groff
9. *Father's Occupation* Manufacturer
10. *Father's Birthplace,* New York

Name of Medical Attendant, or other person who makes this Return. R B Norment M.D.

Address, 320 Falls Road

Remarks,

8 4 5 0 0 0 3 2 7 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70 962

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Dec 29 — 1859
4. Place of Birth, (Street and Number) 1417 E. Pratt St.
5. Full Name of Mother, Lena Weiler
6. Mother's Maiden Name, Babronecka
7. Mother's Birthplace, Russia
8. Full Name of Father, Louis Weiler
9. Father's Occupation Tailor
10. Father's Birthplace, Hungari

Name of Medical Attendant, or other person who makes this Return, Mazy Stein

Address, 1427 E. Pratt St.

Remarks.

8 9 5 0 0 0 8 2 7 2

said selectmen shall be delivered, duly signed by the selectmen, to the parents, the date and place of birth; and the third day of each and every month of a physician or practioner of midwifery, of the person or parents of such child, or other person, who shall have charge of such child, to the Commissioner of Health. In case of the death of any child shall occur without the attendance of a physician or practioner of midwifery, or of any other person be in attendance upon the mother immediately thereafter, it shall be the duty of the person or parents of such child to report its birth to the Commissioner, or fail to comply with the provisions of this section, shall be subject to a fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70963

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth. 29 December
4. Place of Birth, (Street and Number) 1415 Cookie st.
5. Full Name of Mother, Sarah Kemiety
6. Mother's Maiden Name, " Goldstein
7. Mother's Birthplace, Philadelphia
8. Full Name of Father, Thomas Goldstein
9. Father's Occupation Laborer
10. Father's Birthplace. England

Name of Medical Attendant, or other person who makes this Return, Andy W. Jones

Address. 1331 Hull st. Locust Point

Remarks.

8750008273

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70964

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Dec. 29 1893
4. Place of Birth, (Street and Number) 410 Hoffman St.
5. Full Name of Mother, Rosie Ford
6. Mother's Maiden Name, Rosie Ford
7. Mother's Birthplace, Charles Co. Md.
8. Full Name of Father, Andrew Williams
9. Father's Occupation Waiter
10. Father's Birthplace, Va

Name of Medical Attendant, or other person who makes this Return. Louise Eaton M. D.

Address, 410 W. Hoffman St.

Remarks.

8750 0 0 0 2 7 4

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be delivered only signed by the practitioner in charge, or other person who may be in attendance at the birth, or the parent of such child, or the occupation of its parents, the date and place of birth, and the third day of each and every month to the office of the commissioner of health. In case the birth of any such child shall occur upon the mother, immediately upon the receipt of a certificate between the first and third day of each and every month to the office of the commissioner of health, in the manner above required, and shall be in attendance at a physician or midwife, or other person, or the parents of such child, it shall become the duty of the person so in attendance, or the parents, within the period above required, and children to report its birth to the commissioner of health, in the manner above required, and shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70965

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 29th 1895
4. *Place of Birth, (Street and Number)* 2234 Bonle Street
5. *Full Name of Mother,* Bellamy Neville
6. *Mother's Maiden Name,* Northman
7. *Mother's Birthplace,* Mathews County
8. *Full Name of Father,* Thomas J. Drugile
9. *Father's Occupation* Oyster Boat Captain
10. *Father's Birthplace,* Mathews County

Name of Medical Attendant, or other person who makes this Return, Ros Hamand Simon

Address, 2103 Mecanic Street City

Remarks,

8 9 5 0 0 0 8 2 7 5

Each contract (its sex, color, the full name of each child, if any shall have been ascertained, the full name of each child, if any shall have been ascertained, the full name of each parent, the date and place of birth; and the said schedule shall be returned duly signed by the practitioner in the form of a certificate between the first and tenth day of each month, and every month to the office of the Commissioner of Health. Should no other person be in attendance upon the mother, immediately upon receipt of this notice, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and such persons or persons who shall hereafter fail to comply with the provisions of this notice, shall be and are hereby subject to the fine of ten (10) dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

W. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70966

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether ~~1st, 2d~~, 3d, &c.) 3d.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) colored
3. Date of Birth, 29th Dec 1915
4. Place of Birth. (Street and Number) 620 Raborg St
5. Full Name of Mother, Lucy A. Peterson
6. Mother's Maiden Name, Lucy A. Blaxton
7. Mother's Birthplace, Washington D. C.
8. Full Name of Father, James C. Peterson
9. Father's Occupation, Fireman
10. Father's Birthplace, Anne Arundel Co. Md

Name of Medical Attendant, or other person who makes this Return, J. J. Loeffler M.D.

Address, 420 N. Pine St

Remarks,

8 9 5 0 0 0 8 2 7 6

Wm J C. Dulany Co., City Printers and Stationers.

[illegible] delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month the name, residence, and occupation of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and shall deliver upon the mother, immediately thereafter, a blank certificate, which shall be made out and signed by any such person or persons who shall neglect or refuse to comply with the provisions of this section, shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70967

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Eighth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* 29th December
4. *Place of Birth, (Street and Number)* 1424 Carroll St
5. *Full Name of Mother,* Priscilla Milburn
6. *Mother's Maiden Name,* Priscilla Lefferd
7. *Mother's Birthplace,* Spaunsdale Co
8. *Full Name of Father,* Charles Milburn
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* St Marys Co

Name of Medical Attendant, or other person who makes this Return, Grace Harris

Address, 818 Stockholm

Remarks,

8 9 5 0 0 0 3 2 7 7

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate herein, the date and place of birth; and the shall over and above the penalty herein, pay a fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70968

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No: of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex. (state whether male or female)* Male

2. *Race or Color. (if not of the white race)* Colored

3. *Date of Birth,* Dec 29 1895

4. *Place of Birth, (Street and Number)* Md Genl Hospital

5. *Full Name of Mother,* Maggie Roane

6. *Mother's Maiden Name,* same

7. *Mother's Birthplace,* Maryland

8. *Full Name of Father,* unknown

9. *Father's Occupation* ~

10. *Father's Birthplace,* —

Name of Medical Attendant, or other person who makes this Return. Iw Keown ABMD.

Address, Md Genl Hospital - Linden Ave.

Remarks,

6 Y 5 U 0 0 8 2 7 9

each child, (if any shall ave name and occupation of its parents, the date and place of birth: and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 8-30-57

RETURN OF A BIRTH. 70969

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Katherine Brockenbrodt

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VI

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec. 30/95
4. *Place of Birth, (Street and Number)* 1823 N. Gay Ste.
5. *Full Name of Mother,* Emma L. Brockenbrodt
6. *Mother's Maiden Name,* " " Baltz
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* John Brockenbrodt
9. *Father's Occupation* Engraver
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. Mrs. Dorsenhofer

Address, 2225 Gough Ste

Remarks,

8 7 5 0 0 0 8 2 7 9

the schedule shall be delivered, duly signed by the attendant, to the parents, the date and place of birth; and the attendant shall deliver each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or the parents or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70970

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother. (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec. 30, 1895
4. *Place of Birth, (Street and Number)* 1026 Bailey St.
5. *Full Name of Mother,* Sarah G. Logan
6. *Mother's Maiden Name,* Dooley
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* Eugene J. Logan
9. *Father's Occupation* Machinist
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return, J. O. Crouch M.D.

Address, 1051 Arlington St.

Remarks,

8 9 5 U 0 0 8 2 8 0

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] and occupation of its parents, the date and place of birth; and the [illegible] shall have [illegible] the form of a certificate between the first and [illegible] of birth, in case the child of such [illegible] shall be in [illegible] or midwifery, or should no other person be in [illegible] shall become the duty of the person or parents of such [illegible] of the county within the period above required, and [illegible] shall be delivered, duly signed by the practitioner, to the Commissioner of Health, in the manner and within the period required, and [illegible] shall be delivered, duly signed by the attendant, to the Commissioner of Health, in the manner and within the period required, and [illegible] shall be delivered, duly signed by the attendant, to the Commissioner of Health, in the manner and within the period required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70971

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VII

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 30 95 Durham
4. *Place of Birth, (Street and Number)* 820 Pratt ~~Hospital~~ Street
5. *Full Name of Mother,* Margaret Koirner
6. *Mother's Maiden Name,* McDyrent Rettman
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John L Koirner
9. *Father's Occupation* Saloon
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Geo W Dobbin M D

Address, The Johns Hopkins Hospital

Remarks,

8 9 5 0 0 0 8 2 8 1

Third day of April be delivered, duly signed by the occupant of the parents, the date and place of birth, and the sex of each child, and every month to the office of the Commissioner in the form of a certificate, the first day of each month, the attendance of a physician or practitioner of Health. In case the birth of any shall occur without the attendance of a physician or practitioner, the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period aforesaid, and upon the failure of any person who shall hereafter fail to comply with the provisions of this section shall be guilty of a misdemeanor, and shall be fined, and upon the person or persons who shall hereafter fail to comply with the provisions of this section shall be guilty of a misdemeanor, and shall be fined, and upon conviction thereof, in the discretion of the Court, not less than five nor more than ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70972

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* fenal
2. *Race or Color, (if not of the white race)* Color
3. *Date of Birth,* 30
4. *Place of Birth, (Street and Number)* Locust 921
5. *Full Name of Mother,* Frank Ellen Mccomb
6. *Mother's Maiden Name,* Frank Ellen Gardner
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Ipene Mccomb
9. *Father's Occupation* Driver
10. *Father's Birthplace.* Baltimore

Name of Medical Attendant, or other person who makes this Return, Electa Champ

Address, 520 Rogers ave

Remarks,

U 7 5 0 0 0 0 2 8 2

said schedule shall be delivered, duly signed by the practitioner in lieu thereof, a certificate between the first and third days of every month to the office of the Commissioner of Health, in the form of a certificate between the first and shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth of any child, it shall become the duty of the person or persons who shall be in the immediate vicinity of such birth to report its birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of fifty dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 70973

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Dec 20th 1895
4. Place of Birth, (Street and Number) 925 N Chapel st.
5. Full Name of Mother, Adelaide Anderson
6. Mother's Maiden Name. Adelaide Anderson
7. Mother's Birthplace. Baltimore
8. Full Name of Father, Thomas Stepney
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Cordelia Howard

Address, # 1013 N. Chapel st

Remarks,

8 7 5 0 0 0 8 2 8 3

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the person in charge of the house in which the mother lives, or in which the birth occurs, or the person who shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70774

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 30th.
4. Place of Birth, (Street and Number) No 751 McHenry Av
5. Full Name of Mother, Nellie Keith
6. Mother's Maiden Name, McKewen
7. Mother's Birthplace, Balto City
8. Full Name of Father, John B. Keith
9. Father's Occupation, Machinist
10. Father's Birthplace, Balto. City.

Name of Medical Attendant, or other person who makes this Return, [illegible]

Address, 725 Columbia Av.

Remarks,

8 4 5 0 0 0 3 2 8 4

Third day of each and every month to the office of the Commissioner of Health. In case the child shall have died before the return of birth shall have been made, the physician or midwife, or attendant upon the mother, immediately thereafter, shall report the death of such child to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

…of its parents, the date and place of birth; and the …e shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70975

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Dec. 30th 1895.

4. *Place of Birth, (Street and Number)* #514 S. Collington Ave. Balto.

5. *Full Name of Mother,* Katie Foster.

6. *Mother's Maiden Name,* Katie Hess.

7. *Mother's Birthplace,* Baltimore.

8. *Full Name of Father,* John Foster.

9. *Father's Occupation,* Carpenter.

10. *Father's Birthplace,* Baltimore.

Name of Medical Attendant, or other person who makes this Return, Mrs. Mary M. Taylor.

Address, #611 S. Patterson Pk. Ave. Balt. Md.

Remarks,

8950003285

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70976

To the Office of Registrar of Vital Statistics, Board of Health. Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth.* Dec. 30th 1895.
4. *Place of Birth, (Street and Number)* #611 S. Patterson Pk. Ave Balto
5. *Full Name of Mother,* Mary Wiley
6. *Mother's Maiden Name,* Mary Sanders
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Samuel Wiley
9. *Father's Occupation,* Labor
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs. Mary M. Taylor

Address, #611 S. Patterson Pk. Ave. Balto Md.

Remarks,

8 9 5 0 0 0 8 2 8 6

and colic shall be delivered, duly signed by the practitioner in the form of a certificate between the date and place of birth, and the name, sex, and occupation of its parents the date and place of birth, and the shall occur without the attendance of a practitioner or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the nurse or person so required and duly authorized to report the birth to the Commissioner of Health, in the manner and within the period herein prescribed, and such nurse or person so required and duly authorized shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH, 75977

GIVEN NAME ADDED 7/24/66

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

NAME: WILLIAM JESSE ~~ARMIGER~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. *Sex (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth* 30 Dec 1895
4. *Place of Birth, (Street and Number)* 823 S. Charles st
5. *Full Name of Mother* Florence Olivia Armiger
6. *Mother's Maiden Name* Knight
7. *Mother's Birthplace* Baltimore
8. *Full Name of Father* Joseph Armiger
9. *Father's Occupation* Clerk
10. *Father's Birthplace* Baltimore

Name of Medical Attendant, or other Person who makes this Return. Mrs Conway

Address Battery ave

Remarks

B 9 5 U 0 0 8 3 2 8 7

thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

70978

To the Office of Registrar of Vital Statistics, Board of Health.

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd Child

1. *Sex (state whether Male or Female)* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Dec 30th 4 45 PM 1895
4. *Place of Birth (Street and Number)* 2531 Eastern Avenue
5. *Full Name of Mother* Mary Agnes Harrison
6. *Mother's Maiden Name* M P A Nuttall
7. *Mother's Birthplace* Balto City
8. *Full Name of Father* Wm Hy Harrison
9. *Father's Occupation* Letter Carrier
10. *Father's Birthplace* Balto. City

Name of Medical Attendant, or other Person who makes this Return. James E Donnelly M.D.

Address 1701 Baltimore St East

Remarks

6950008288

within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH. 70979

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) I

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec. 30/95
4. Place of Birth, (Street and Number) 111 N. Port Str.
5. Full Name of Mother, Maggie Pischer
6. Mother's Maiden Name, Burschhausen
7. Mother's Birthplace, Baltr.
8. Full Name of Father, John Pischer
9. Father's Occupation Stevendore
10. Father's Birthplace, Baltr.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough Str.

Remarks,

8 9 5 0 0 0 3 2 8 9

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] name and occupation of its parents, the date of birth of each child, if any shall have been born since the last return, and the sex of each child born, the date of birth, and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a midwife, or physician or practioner of midwifery, or should no other person be in attendance upon the birth to be Commissioner of Health, the mother shall be the person required, and shall report the birth in manner and within the period above required, and shall be subject to the provisions of this section, and shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70980

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6t

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 30th of December 1895.
4. Place of Birth, (Street and Number) 204 Orleans Sts
5. Full Name of Mother, Ernestina Hoffmann
6. Mother's Maiden Name, Ernestina Smith
7. Mother's Birthplace, Akron Ohio
8. Full Name of Father, Charles Hoffmann
9. Father's Occupation, Carpenter
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs Ida Hille

Address, 207 N. Castle Sts Baltimore

Remarks, \ \ \ \ \

8950002290

Wm J. C. Dulany Co., City Printers and Stationers.

[illegible] be recorded, duly signed by the practitioner in the form of a certificate hereunto [illegible] date and place of birth; and the third day of each and every month [illegible] to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, it shall be the mother, immediately thereafter, it shall become the duty of the person in charge of such child to report its birth to the Commissioner of Health within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70981

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) twelfth child

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* race of colored
3. *Date of Birth,* December 30th
4. *Place of Birth, (Street and Number)* 1403 May st
5. *Full Name of Mother,* Isa dora Hess
6. *Mother's Maiden Name,* Isa dora Gilliam
7. *Mother's Birthplace,* Edenton North Carolina
8. *Full Name of Father,* George W Hess
9. *Father's Occupation* Hod carrier
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return Georgana Brooks

Address, 1701 milliken st

Remarks, no remarks that is the full contents

8950008291

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] sex, color, the full name and occupation of its parents, the date and place of birth, and the [illegible] name of each child, in the form of a certificate between the first and the third day of each and every month to the office of the Commissioner of Health, in such form as shall be prescribed by the Commissioner of Health, in the manner and within the period above required, and shall occur without the attendance of a physician, or without the presence of a person who shall become the duty of the person or parents of such child or report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70982

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 30 1895
4. *Place of Birth, (Street and Number)* Eager st 1822
5. *Full Name of Mother,* Cathrina Robinson
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* August Robinson
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mary Hopkins

Address, N Washington st 205

Remarks,

8950008292

Wm. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70983

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6.

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 30 December
4. Place of Birth, (Street and Number) 806 Curtis Ave
5. Full Name of Mother, Anna Petersen
6. Mother's Maiden Name, Benson
7. Mother's Birthplace, Germany
8. Full Name of Father, C. H. Petersen
9. Father's Occupation Restaurant.
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Early W. Jones

Address, 1331 Bulet st.

Remarks,

6 7 5 0 0 0 3 2 9 3

Wm. J. C. Dulany Co., City Printers and Stationers.

ect conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the
[illegible] shall be signed by the practitioner in the form of a certificate between the first and
said society of each and every month to the office of the Commissioner of Health. Provided, however, that no
birth by any person other than a physician or midwife, shall become the duty of the person or parents of such
shall occur without the attendance of a physician or midwife, it shall become the duty of the person or parents of such
attendance upon the mother, immediately after the birth, in the manner and within the period above required, and
child to report, within the time above specified, the facts relative thereto, which report shall be made in
such manner as the Commissioner of Health, may prescribe; and shall be signed by the person making the same.
any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be sub-
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70 984

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 10th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, 30th of December 95

4. Place of Birth, (Street and Number) 64 Brauns Lane

5. Full Name of Mother, Kunigunde Böhm

6. Mother's Maiden Name, Kunigunde Amend

7. Mother's Birthplace, Germany

8. Full Name of Father, Adam Böhm

9. Father's Occupation Laber

10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Friederike Heuler Midwife

Address, 2116 W Pratt St.

Remarks,

8950008294

Wm. J. C. Dulany Co., City Printers and Stationers.

(Sec. 1.) Its sex, color, the full name and occupation of the father, and the full maiden name of each child, if any shall have been born to her previous to the birth of the child reported, the date and place of birth; and the said schedule shall be delivered, duly signed, to the person or other person who shall make the return in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or without the attendance of any person other than the mother, immediately thereafter, it shall be the duty of the father, or other person in attendance upon the mother, immediately thereafter, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable

RETURN OF A BIRTH. 70985

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) white
3. Date of Birth, Dec 30th 1895
4. Place of Birth, (Street and Number) No. – Lehman St
5. Full Name of Mother, Marie Geller
6. Mother's Maiden Name, Marie Philippe
7. Mother's Birthplace, Germany
8. Full Name of Father, Carl Geller
9. Father's Occupation Butcher
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return.

Address,

Remarks,

8 9 5 0 0 0 3 2 9 5

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case no birth shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, the duty of making the return shall become the duty of the person or parents of such child to report it to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70986

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 30th 1895
4. *Place of Birth, (Street and Number)* 2001 E. Preston St.
5. *Full Name of Mother,* Kate Keller
6. *Mother's Maiden Name,* Kate Peterson
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Frederick Keller
9. *Father's Occupation,* Bar Keeper
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Henry Ayres Byland M.D.

Address, 1430 N. Broadway

Remarks,

8 9 5 0 0 0 8 2 9 6

third day of each and every month to the office of the Commissioner of Health. Certificate between the first and all persons within the number and the number and the date and place of birth: and the attendance within the number and the number and the date and place of birth, or should no other person be in any child child to report its birth to the Commissioner of Health, it shall become the duty of the person or parents of such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other dues and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70987

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d.

1. Sex, (state whether male or female) female
2. Race or Color, (if not of the white race) white
3. Date of Birth, 30. Oct. 95.
4. Place of Birth, (Street and Number) 1421 Winchester
5. Full Name of Mother, Pauline Schmeck
6. Mother's Maiden Name, Pauline Retzold
7. Mother's Birthplace, Germany
8. Full Name of Father, Valentin Schmeck
9. Father's Occupation Restaurant keeper
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Bonge

Address, 711 N. Broad st

Remarks,

8950008297

Wm. J. C. Dulany Co., City Printers and Stationers.

any name shall have been conferred, its sex, color, the full name and occupation of its parents, the day and place of its birth, and such other particulars as may be required by law, to be recorded in the Bureau of Vital Statistics, Board of Health, Baltimore City, and shall receive a certificate, between the first and third days of each month, on the blank of such Bureau, in the form of a certificate, between the first and third days of each month, on the blank of such Bureau, in the form of a birth of any child shall occur without the attendance of a physician, or of a practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall then become the duty of the nurse, or other person who shall have been in attendance upon the mother, to make such return within the period above required, except in the case of the birth of a male child, in the manner, and to the Office of Registrar of Vital Statistics, Board of Health, Baltimore City, as aforesaid; and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to a fine of ten dollars for each offence, to be recovered as other fines and penalties are recoverable.

RETURN OF A BIRTH 70988

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White (Irish-American)
3. *Date of Birth,* December 30 1895
4. *Place of Birth, (Street and Number)* 1318 Greenmount Ave
5. *Full Name of Mother,* Mrs Annie Mooney
6. *Mother's Maiden Name,* Annie Leary
7. *Mother's Birthplace,* Ireland
8. *Full Name of Father,* James Joseph Mooney
9. *Father's Occupation,* Bar Tender
10. *Father's Birthplace,* Ireland

Name of Medical Attendant, or other Person who makes this Return AK Bond MD

Address, 889 Park Ave

Remarks,

8 9 5 U 0 0 8 2 9 8

T & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 70989

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth,* December - 30 1895
4. *Place of Birth, (Street and Number)* 405 Pleasanton St
5. *Full Name of Mother,* Mary French
6. *Mother's Maiden Name,* Mary J. McCreigh
7. *Mother's Birthplace,* Philadelphia Pa
8. *Full Name of Father,* John French
9. *Father's Occupation* Professional
10. *Father's Birthplace,* Pa and

Name of Medical Attendant, or other person who makes this Return.

Address, Mary Herrington

Remarks, 402 - Hill - St

8 9 5 U 0 0 8 2 9 9

Wm. J. C. Dulany Co., City Printers and Stationers.

each converted) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said attendant shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70990

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) No. 1.

1. *Sex, (state whether male or ~~female~~)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Dec 30th 1895
4. *Place of Birth, (Street and Number)* Balto Md. 1219 Jefferson St.
5. *Full Name of Mother,* Susie Ann Kelly
6. *Mother's Maiden Name,* Susie Ann Murray
7. *Mother's Birthplace,* Washington D. C.
8. *Full Name of Father,* John Francis Kelly
9. *Father's Occupation* Steamship Messenger
10. *Father's Birthplace,* Port tobacco Charles Co Md

Name of Medical Attendant, or other person who makes this Return, Mrs Francis Jones.

Address, 1831 N. Spring St

Remarks,

1895 00 03300

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and the third day of each and every month, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, and in case no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such family to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered, as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70991

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec. 30 / 1895
4. *Place of Birth, (Street and Number)* 322 Parkin St.
5. *Full Name of Mother,* Helen L. Biggs
6. *Mother's Maiden Name,* McNulty
7. *Mother's Birthplace,* Penna.
8. *Full Name of Father,* Wm. J. Biggs
9. *Father's Occupation,* Huckster
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return. H. W. Wehner, M.D.

Address, 723 W. Lombard St.

Remarks, Delivered with forceps.

1 8 9 5 0 0 0 8 3 0 1

Wm J. C. Dulany Co., City Printers and Stationers.

[illegible] hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

GIVEN NAME ADDED 11-15-56

RETURN OF A BIRTH. 70992

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Emma Gertrude Simpson

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec. 30th. 1895
4. *Place of Birth, (Street and Number)* 2875 East Fayette St
5. *Full Name of Mother,* Celeste Simpson
6. *Mother's Maiden Name,* Kollonan
7. *Mother's Birthplace,* Fredericksburg Virginia
8. *Full Name of Father,* Wm. L. Simpson
9. *Father's Occupation* Machinist
10. *Father's Birthplace.* Wilkesbarre Pa

Name of Medical Attendant, or other person who makes this Return, Mrs. Magness

Address, 2805 E Fayette St

Remarks.

8 4 5 0 0 0 8 3 0 2

Wm. J. C. Dulany Co., City Printers and Stationers

[illegible] sex, color, the full name and occupation of its parents, the date and place of birth of each child born alive during the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the nurse, midwife, or other person who shall officiate as such, or the father or mother of such child, to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

(DUGY)

RETURN OF A BIRTH. 70993

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name of child: Bertie Odella Andrews

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* December 30. 1895
4. *Place of Birth, (Street and Number)* 102 Warren Ave
5. *Full Name of Mother,* Andrews, Mrs. Amy
6. *Mother's Maiden Name.* Harrington
7. *Mother's Birthplace.* Dorchester Co. Md.
8. *Full Name of Father,* Andrews, Chas. R. M.
9. *Father's Occupation.* Foreman
10. *Father's Birthplace,* Talbot Co. Md.

Name of Medical Attendant, or other person who makes this Return, J. H. Groshans, M.

Address. ~~1223 S. Charles St.~~ 1303 Light St.

Remarks.

8 9 5 0 0 0 8 3 0 3

Wm. J. C. Dulany Co., City Printers and Stationers.

Sec. 2. Blanks shall be delivered, duly signed by the registrar, to the person or persons in charge of the place of birth, or to the parents of the child, on the first day of each and every month to the office of the Commissioner of Health. In case the blanks for any month shall not be delivered, the person or persons in charge of the place of birth, or the parents of the child, shall give notice upon the blank, immediately thereafter, to the Commissioner of Health, who shall thereupon cause the blanks to be delivered without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70994

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dec 30th. 1895
4. *Place of Birth, (Street and Number)* Md General Hospital
5. *Full Name of Mother,* Bertha Day
6. *Mother's Maiden Name,* Bertha Day
7. *Mother's Birthplace,* ~~Md General~~ Balto
8. *Full Name of Father,* unknown
9. *Father's Occupation* ~
10. *Father's Birthplace,* ~

Name of Medical Attendant, or other person who makes this Return, F. Krohnow A.B. M.D.

Address, Md General Hospital.

Remarks.

6950003304

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70995

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8

1. *Sex, (state whether male or female)* male.
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 31th December.
4. *Place of Birth, (Street and Number)* 1243 Hare st.
5. *Full Name of Mother,* Lovi Jelinska.
6. *Mother's Maiden Name,* — Steckbyde Ga
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Martin Jelinski
9. *Father's Occupation* Laborer.
10. *Father's Birthplace,* Germany.

Name of Medical Attendant, or other person who makes this Return, Wm J. Lissemann

Address, 1208 Hare st.

Remarks,

8950008305

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be delivered, duly signed by the attendant, in person or by mail, to the Registrar of Vital Statistics, Board of Health, Baltimore City, shall have [illegible] the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, within the period above prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be and is hereby subjected to the fine of ten (10) dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

[illegible] each child, (if any shall have [illegible], the name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 70996

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd Child

1. *Sex, (state whether male or female).* Female

2. *Race or Color. (if not of the white race)* Colored

3. *Date of Birth.* December 31st 1895

4. *Place of Birth, (Street and Number)* 1114 Shields Alley Baltimore

5. *Full Name of Mother,* Katie Moore

6. *Mother's Maiden Name,* Katie Davis

7. *Mother's Birthplace,* Essex County Virginia

8. *Full Name of Father,* Eugene Moore

9. *Father's Occupation* Waiter

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, T W Keown A.B. M.D.

Address, Md Genl Hospital.

Remarks.

895U008306

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 70997

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex (state whether male or female),* female
2. *Race or Color (if not of the white race),* White
3. *Date of Birth,* Dec 31 st
4. *Place of Birth (Street and Number),* 2006 E Chase St
5. *Full Name of Mother,* Ella M Horne
6. *Mother's Maiden Name,* Ella M Hunter
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Mathew J Horne
9. *Father's Occupation,* Painter
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary E Price

Address, 1630 Ashland ave

Remarks, healthy Child

shall be delivered, duly signed by the practitioner in the form of a certificate, between the first and third day of each and every month in the form of a certificate, between the first and third day of each and every month in the manner of a physician or practitioner of medicine, or midwife, or other person who shall have the attendance of a physician or practitioner of medicine, or midwife, or other person who shall have the attendance of a physician or practitioner of medicine, or midwife, or other person who shall have the Commissioner of Health, or should no other person be in attendance, then the person who shall become the director of the birth, shall be required to report the birth to the Commissioner of Health, in the manner and within the period above prescribed. And any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other claims and forfeitures are recoverable.

Baltimore Publishing Co., City Printers and Stationers

8 4 5 0 0 0 8 3 0 7

RETURN OF A BIRTH. 70998

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec. 31/95
4. *Place of Birth, (Street and Number)* 1207 N. Bonde Str.
5. *Full Name of Mother,* Pillie Montgomery
6. *Mother's Maiden Name,* " Hdiser
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Harry Montgomery
9. *Father's Occupation.* Clerk
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return. Mrs. Deisenhofer

Address, 2225 Gough Str.

Remarks,

8 9 5 0 0 0 8 3 0 8

said schedule shall set, on or, the full name and occupation of its parents, the date and place of birth, and the name of each child (if any shall be living) and the sex of each child. Also a certificate between the first and third day of each succeeding month to the office of the Commissioner of Health, shall be delivered, duly signed by the practitioner or midwife, or should no other person be in attendance upon the mother, immediately after the birth, to any other person, or shall be sent by mail, or report of a birth to the Commissioner of Health, in the manner provided for such report, shall become the duty of the person or persons so attending, to make such report, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 70999

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VIII

1. *Sex, (state whether male or female)* Boy

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Dec. 31/95

4. *Place of Birth, (Street and Number)* 1825 Orleans Str.

5. *Full Name of Mother,* Christina Voller

6. *Mother's Maiden Name,* " Petch

7. *Mother's Birthplace,* Balto.

8. *Full Name of Father,* Charles Voller

9. *Father's Occupation* Barber

10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough Str.

Remarks,

8950008309

Wm. J. C. Dulany Co., City Printers and Stationers.

name of each child, (if any shall have its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71000

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dec 31 - 95
4. *Place of Birth, (Street and Number)* 1022 N Wolfe St
5. *Full Name of Mother,* Isabella V. Meeks
6. *Mother's Maiden Name,* " " Kirk
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Charles O. Meeks
9. *Father's Occupation* Upholsterer
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return. Mrs Mary A. Allwell

Address, 1438 N Bond St

Remarks,

B950008310

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate herein, the date and place of birth, and the name, residence and occupation of its parents, the date and place of birth, and the sex of each and every child born, shall be delivered to the Commissioner of Health, in the manner and within the period aforesaid, and shall occur without the attendance of a physician or practitioner, shall be delivered, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person, or parents of such child, to report a birth to the Commissioner of Health, in the manner and within the period aforesaid, and any such person or persons who shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71001

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Mary A. J. Strauss

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* Dec 30 = 1895
4. *Place of Birth, (Street and Number)* No: 20 Landon Ave
5. *Full Name of Mother,* Lena Strauss
6. *Mother's Maiden Name,* Lena ~~Hyb~~ Appel
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Strauss
9. *Father's Occupation* Coal-Dealer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return.

Address, CERTIFICATE CORRECTED 6-2-53

Remarks, L. M.

8 9 5 0 0 0 8 3 1 1

Wm. C. Dulany Co., City Printers and Stationers.

[illegible] the sex, color, the full name and occupation of the father, the full name of each child, (if any shall have been born,) the date and place of birth, and the full name of the mother, in the form of a certificate between the first and the 15th day of each and every month to the office of the Commissioner of Health. In case the attendance upon the mother shall terminate in a stillbirth, or should no other person be in attendance upon the mother, the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and with the [illegible] said schedule shall be delivered, duly signed by the practitioner, the day of the birth, the date and place of birth, and the full name of the mother, to the office of the Commissioner of Health. In case the first and [illegible] of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and with the [illegible] any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71002

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 31 1855
4. *Place of Birth, (Street and Number)* 48 Gorsuch Ave
5. *Full Name of Mother,* Mary Lawrence
6. *Mother's Maiden Name,* Gunner
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Joseph Lawrence
9. *Father's Occupation,* Brass Molder
10. *Father's Birthplace,* Md

Name of Medical Attendant, or other person who makes this Return Geo H. Westwood MD

Address. 27 Gorsuch Ave

Remarks.

8950093312

Wm. J. C. Dulany Co., City Printers and Stationers.

Any person who shall neglect to report the birth of a child, with the full name and occupation of its parents, the date, and place of birth, and the name and residence of the attendant, or who shall report false or fraudulent or other than the facts relating to such birth, or who shall report the birth of any child which shall occur without the attendance of a physician or practitioner of midwifery, or shall report the birth of any child which shall have been born out of the city of Baltimore, or who shall report the birth of any child which shall have been born in the city of Baltimore, but which shall have been born without the attendance of a physician or practitioner of midwifery, of the person or parents of such child, or other person who shall report the birth of such child, in the manner and within the period above required, and who shall report the birth to the Commissioner of Health, in the manner and within the period above required, and who shall report the birth to the Commissioner of Health, in the manner and within the period above required, and who shall report false or fraudulent or other than the facts relating to such birth, or who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71003

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 3 1895.
4. Place of Birth, (Street and Number) 1040 Clifton Place
5. Full Name of Mother, Mary B Strowinsky
6. Mother's Maiden Name, Mary B Bull
7. Mother's Birthplace, Baltimore
8. Full Name of Father, George W Strowinsky
9. Father's Occupation Machinist
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, J J Mackenet

Address, 1701 N Caroline St,

Remarks,

6 7 5 0 0 0 3 1 3

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be ascertained the full name of each child [illegible] in sex, color, the full name and occupation of its parents, the date and place of birth, and the name [illegible] said scientific shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Vital Statistics, in case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, it shall become the duty of the mother or nurse in attendance to report the birth to the Commissioner of Vital Statistics, in the manner and within the period above required, and in default thereof, or in case of any other neglect to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 71004

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. *Sex, (State whether male or female)* Male
2. *Race or color, (if not of the white race)* White
3. *Date of Birth,* Dec. 31/95
4. *Place of Birth, (Street and Number)* 1309 N. Dallas
5. *Full Name of Mother,* Annie M. Rhein
6. *Mother's Maiden Name,* Annie M. Repper
7. *Mother's Birthplace,* Balto. Md.
8. *Full Name of Father,* Gabriel Rhein
9. *Father's Occupation,* Telegraph Operator
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. W. G. Hanyman

Address, 1512 E. Preston St.

Remarks,

8 9 5 0 0 0 3 3 1 4

[illegible] sex, color, the full name and occupation of its parents, the date and place of birth, and the [illegible] said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of the person or persons in attendance upon the mother immediately thereafter, or if shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Section 1. Be it enacted by the General Assembly of Maryland, That from and after the passage of this act, the Board of Health of Baltimore City shall have the exclusive right to issue certificates of birth, and the Commissioner of Health shall be the proper officer to issue such certificates, and no other person shall issue certificates of birth within said city; and every person who shall be the father or mother of any child born within said city, or who shall be the physician or practitioner of midwifery, or should no other person be in attendance, then the nurse, immediately thereafter it shall become the duty of the person or persons required, and shall occur without the attendance of any physician or practitioner of midwifery, or should no other person be in attendance, then the nurse, immediately thereafter it shall become the duty of the person or persons required, and shall be the duty of the person or persons required to report the birth of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and shall be the duty of the Commissioner of Health to issue such certificate of birth, and any such person or persons who shall herein fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Section 2. Be it further enacted, that the full name and occupation of the parents, the date and place of birth, the sex, color, the full name of each child, if any shall have been born before, the number of children of the mother, and the number of each child, shall be recorded in a suitable schedule shall be delivered, duly signed by the practitioner, or other person, to the Commissioner of Health, in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of any physician or practitioner of midwifery, or should no other person be in attendance, then the nurse, immediately thereafter it shall become the duty of the person or persons required, and shall be the duty of the person or persons required to report its birth to the Commissioner of Health, in the manner and within the period above required, and shall be the duty of the Commissioner of Health to issue such certificate of birth, and any such person or persons who shall herein fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71005

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Dec 1 81
4. Place of Birth, (Street and Number) 114 E Lexington St
5. Full Name of Mother, Kate Conrad
6. Mother's Maiden Name, Campbell
7. Mother's Birthplace, Ireland
8. Full Name of Father, Frank Conrad
9. Father's Occupation Moulder
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Chas R Villig

Address, 102 E Lexington St

Remarks,

8 7 5 0 0 0 3 3 1 5

GIVEN NAME ADDED 11-16-55

RETURN OF A BIRTH 71006

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Alice Margaret White 2

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race),
3. Date of Birth, Dec 31 '95
4. Place of Birth (Street and Number), Cor George & Ogden
5. Full Name of Mother, Maggie White
6. Mother's Maiden Name, Hoff
7. Mother's Birthplace, Balto Co
8. Full Name of Father, Charles A. White
9. Father's Occupation, Wagon builder
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. H M Wilson

Address, 1008 Mad. Ave.

Remarks,

shall be delivered, duly signed by the occupants of the premises, the date and place of birth, and the sex of the child, to the Registrar of Vital Statistics, Board of Health, Baltimore City, in the form of a certificate hereof, within twenty-four hours after the birth of each and every child born within the said City, and shall be the duty of the attendants of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health. In the missing of which the parents and any and all persons or persons who shall have charge of the mother, who shall be found guilty of violating the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers

8950008316

RETURN OF A BIRTH. 71007

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1 ch

1. *Sex, (state whether male or female)* Female
2. *Race or Color. (if not of the white race)* white
3. *Date of Birth.* Dec 31 195
4. *Place of Birth, (Street and Number)* 1514 Windsor Av.
5. *Full Name of Mother,* Annie Rebmann
6. *Mother's Maiden Name,* Annie Leeker
7. *Mother's Birthplace.* Germany
8. *Full Name of Father,* John Rebmann
9. *Father's Occupation* Baker
10. *Father's Birthplace.* Germany

Name of Medical Attendant, or other person who makes this Return. Edw C Buber Km

Address, 2422 Pennsylvania Ave.

Remarks,

8 4 5 0 0 0 8 3 1 7

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71008

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth Child.

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 31st of Dec 1895
4. *Place of Birth, (Street and Number)* Baltimore Md 50 Fremont St
5. *Full Name of Mother,* Annie Myer
6. *Mother's Maiden Name,* " Tuboth
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* William Myer
9. *Father's Occupation* Locksmith
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs Mary Keaning

Address, 414 S Sticker St Baltimore Md.

Remarks, Mother and Child are doing well

2750008318

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71009

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1.

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* White. Jew.
3. *Date of Birth,* 31 December 1895.
4. *Place of Birth, (Street and Number)* 117 Center Market Space
5. *Full Name of Mother,* Annie Wolfe
6. *Mother's Maiden Name,* Annie Peresch.
7. *Mother's Birthplace,* Russia
8. *Full Name of Father,* Wilhelm Wolfe
9. *Father's Occupation* Working man.
10. *Father's Birthplace,* Russia

Name of Medical Attendant, or other person who makes this Return. Eva Kohn midwife

Address, 135 Harrison Street.

Remarks, mother and child are well.

8 7 5 0 0 0 8 3 1 9

Wm. J. C. Dulany Co., City Printers and Stationers.

Any physician, midwife, or other person who shall attend at the birth of a child, shall write the full name and occupation of its parents, the date of birth, and the place of birth, and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter, the father of such child, or the person in whose house or premises the birth shall occur, shall be required, and is hereby authorized, to report the birth to the Commissioner of Health, in the manner and within the time specified in the preceding section, under the penalties and forfeitures provided in the same section. Any person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine or penalty imposed for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71010

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* December 31th 1895
4. *Place of Birth, (Street and Number)* 702 Robison st Canton
5. *Full Name of Mother,* Jonna Seborn
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* Nichonlas Seborn
9. *Father's Occupation,* Brickyard Labor
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return. Mrs Betz

Address, 315 Lombard st

Remarks, Highland Town Balto Co Md

8 9 5 0 0 0 8 3 2 0

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur within the mentioned by hereinbefore, shall issue to other person, such shall be the duty of the Commissioner of Health, in the manner and within the period above required, and any such, persons or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of Ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

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been conferred) its sex, color, the full name of each parent, the full name of each child, (if any shall be ascertained) the full name of each child, the date and place of birth, and the occupation of its parents, the date and place of birth, and the third day of each and every month to the office of the Commissioner of Health, in the form of a certificate between the first and tenth days of each month, and within the period above required, and shall be delivered, duly signed by the attendant, to the parents, or shall be sent to one of the parents of such child, or person who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71011

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2.

1. Sex, (state whether male or female) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, December 31, 1896.
4. Place of Birth, (Street and Number) 574 Hickory ave.
5. Full Name of Mother, Mary Elizabeth Clements.
6. Mother's Maiden Name, Steele.
7. Mother's Birthplace, ~~Md~~ Pa.
8. Full Name of Father, Charles C. Clements.
9. Father's Occupation Lawyer.
10. Father's Birthplace, Md.

Name of Medical Attendant, or other person who makes this Return, Chas. Mitchell M.D.

Address, 291 Chestnut ave.

Remarks,

8950008321

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 71012

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 31 December
4. *Place of Birth, (Street and Number)* Thames Str. 1607
5. *Full Name of Mother,* Harry Urbansky
6. *Mother's Maiden Name,* Rybarčik
7. *Mother's Birthplace,* Pole
8. *Full Name of Father,* Vincent Urbansky
9. *Father's Occupation* Workman
10. *Father's Birthplace,* Pole

Name of Medical Attendant, or other person who makes this Return,

Address, S. Bond Str. 838

Remarks, Mary Bell

1 8 9 5 0 0 0 8 3 2 2

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the name of each child, if any, shall be ascertained, the full name of each child, if any shall be added, schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the presence of a physician or midwife, or other person, other than a person in attendance upon the mother, immediately thereafter it shall become the duty of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 71013

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* December 25th 1895
4. *Place of Birth, (Street and Number)* 2402 E Baltimore st
5. *Full Name of Mother,* Helene Koschland
6. *Mother's Maiden Name,* Kittner
7. *Mother's Birthplace,* Baltimore city
8. *Full Name of Father,* Israel Koschland
9. *Father's Occupation,* Clerk
10. *Father's Birthplace,* Baltimore city

Name of Medical Attendant, or other person who makes this Return. G. O. Tuckerman M.D.

Address, 25 S. Eden st

Remarks,

8950003323

WM. A. G. DELANY & CO., CITY PRINTERS AND STATIONERS

RETURN OF A BIRTH. 71014

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female)* Male,
2. *Race or Color, (if not of the white race)* White,
3. *Date of Birth,* December 9th.,
4. *Place of Birth, (Street and Number)* No 232 S. Calhoun St.,
5. *Full Name of Mother,* Annie Culbertson,
6. *Mother's Maiden Name,* Blondell,
7. *Mother's Birthplace,* Balto City
8. *Full Name of Father,* William Culbertson,
9. *Father's Occupation,* Express Agent U.S. Exp. Co.
10. *Father's Birthplace,* Balto City

Name of Medical Attendant, or other person who makes this Return, Dennis T. Chandlee M.D.

Address, No 721 Columbia Ave

Remarks,

8 9 5 0 0 0 8 3 2 4

all objects shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the parents or other persons in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above prescribed, and shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71015

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 14th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Dec 9th 1895
4. *Place of Birth, (Street and Number)* 510 W Preston St
5. *Full Name of Mother,* Maria Brown Hobbs
6. *Mother's Maiden Name,* Maria Brown
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Charles Hobbs
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, L. H. Krown M.D.

Address, Md Lying-in Hospital Linden ave

Remarks,

B 4 5 0 0 0 8 3 2 5

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the same can be ascertained the full name of such child or her care during the said schedule shall be delivered to the office of the City Registrar of Vital Statistics, and shall have third day of each and every month of the office of Registrar of Vital Statistics, and shall have shall occur without the attendance of a physician or practitioner of medicine, in case the birth of any child midwives or any other person who shall be employed to perform the duties of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, such any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 7016

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 9th 1895
4. Place of Birth, (Street and Number) 135 N. Patterson Park Ave
5. Full Name of Mother, Mary M. Hill
6. Mother's Maiden Name, Mary M. Putz
7. Mother's Birthplace. Baltimore Md.
8. Full Name of Father, James C. Hill
9. Father's Occupation, Book Keeper
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mary Engelhart

Address, 1726 Eastern Ave Balto Md.

Remarks,

8950008326

Wm J C. Dulany Co., City Printers and Stationers.

Every birth must be reported within three days after the birth, and the place of birth, and the third day of each and every month in the office of the Commissioner of Health. In case the birth is not reported within the first and attendance upon the mother, shall forthwith make a return of such birth to the Commissioner of Health. In case the birth is not reported within the time required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71017

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dec. 9 '95
4. *Place of Birth, (Street and Number)* 921 N. Castle St.
5. *Full Name of Mother,* Annie Gunther
6. *Mother's Maiden Name,* " Miller
7. *Mother's Birthplace.* Balto Md
8. *Full Name of Father.* Joseph Gunther
9. *Father's Occupation* Machinist
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, Caroline Miller

Address, 625 Hallowell St

Remarks,

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner, or should no other person be in attendance within the time specified, it shall become the duty of the person or persons in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8950008327

RETURN OF A BIRTH. 71018

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 9th 1895
4. Place of Birth, (Street and Number) 808 Patapsco Street
5. Full Name of Mother, Tillie Holthouse
6. Mother's Maiden Name, Tillie Fisher
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Henry Holthouse
9. Father's Occupation, Laboring
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mary Engelhart

Address, 1726 Eastern Ave Balto Md

Remarks,

8 9 5 0 0 0 8 3 2 8

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71019

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Dec 9-95
4. Place of Birth, (Street and Number) 1723 N. Patterson Pk Ave
5. Full Name of Mother, Ella German
6. Mother's Maiden Name, " Fisher
7. Mother's Birthplace, Balto
8. Full Name of Father, Wm German
9. Father's Occupation Gasfitter
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Mary R Caldwell

Address, 1438 N. Bond St

Remarks,

8950008329

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] given, only signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or other person, the person in [illegible] shall immediately thereafter, if a member of the family, or the person or parents of such child, report the birth to the Commissioner of Health, in the manner and within the period above required, and [illegible] such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71020

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* W.
3. *Date of Birth,* Dec. 9 95
4. *Place of Birth, (Street and Number)* 1721 Friendship St.
5. *Full Name of Mother,* Mrs. Hy. Griffin
6. *Mother's Maiden Name,* Miss Dent
7. *Mother's Birthplace,* Carroll Co. Md.
8. *Full Name of Father,* Henry Griffin
9. *Father's Occupation* Cigarmaker
10. *Father's Birthplace,* Balto. Md.

Name of Medical Attendant, or other person who makes this Return, E. L. Smith M.D.

Address, 2505 Pennsylvania

Remarks,

8950008330

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71021

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec. 9/95
4. *Place of Birth, (Street and Number)* 721 S. Port Str.
5. *Full Name of Mother,* Mina Voit
6. *Mother's Maiden Name,* Schoen
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Leopold Voit
9. *Father's Occupation* Stevendore
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough Str.

Remarks,

8950003331

Wm. J. C. Dulany Co., City Printers and Stationers.

Sec. 1. Be it enacted, that the full name and occupation of the parents, the date and place of birth, and the sex, color, the full name of each child, if any shall have been born to such parents, shall be recorded in a book to be kept for that purpose by the Commissioner of Health, who shall issue a certificate to the effect that said schedule shall be delivered, duly signed by a physician or practitioner of midwifery, or should no other person be in attendance, then by the mother herself. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71052

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th.

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* December 9. 1895
4. *Place of Birth, (Street and Number)* 807 Mulberry St.
5. *Full Name of Mother,* Regina Charles Jacobs
6. *Mother's Maiden Name,* Jones Olms
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* George Jacobs
9. *Father's Occupation* wdgquincer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Marie E. Thalwitzer M. D.

Address, 725 Mulberry Street

Remarks,

8950008332

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 71023

GIVEN NAME ADDED 1-24-62

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Charles Hoffman Beck II

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec. 1/95
4. Place of Birth, (Street and Number) 1921 E. Balto. Str.
5. Full Name of Mother, Sophie Beck
6. Mother's Maiden Name, " Hoffmann
7. Mother's Birthplace, Balto.
8. Full Name of Father, Henry Beck
9. Father's Occupation Collector
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Wm. Deisenhofer

Address, 2225 Gough Str

Remarks,

8950008333

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] Connecticut) its sex, color, the full name and occupation of its father, the full name of each child (if any shall have been born previously to the birth of such child) the date of birth; and the place of birth, and the number of the street, if in a city, on a certificate between the first and third day of each and every month; if a physician or practioner of midwifery, or should no other person, of such shall occur within the residence of a physician or practioner of midwifery, or should no other person, of such attendance upon the mother, immediately thereafter, it shall become the duty of the person required, and authorized by this section to report the birth of such child, to report its birth to the Commissioner of Health, and to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

6

RETURN OF A BIRTH. 71024

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 1st Dec 1895
4. *Place of Birth, (Street and Number)* 1410 Battery Ave
5. *Full Name of Mother,* Frances I Williams
6. *Mother's Maiden Name,* Hagan
7. *Mother's Birthplace,* Charles Co Md
8. *Full Name of Father,* George T Williams
9. *Father's Occupation* Police
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Elizabeth Yerwell

Address, 436 E Fort Ave

Remarks,

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate hereon, the date and place of birth, all save the name, sex, and occupation of the parents, the date and place of birth, and the third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner in the first, or shall no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the father, or parents of such child, or the person or persons with whom it may be, to report its birth to the Commissioner of Health, in the manner and within the period prescribed, and any such person or persons who shall thereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8 9 5 0 0 0 8 3 3 4

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71025

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* W
3. *Date of Birth,* Dec 1st 1895
4. *Place of Birth, (Street and Number)* 911 Streeper
5. *Full Name of Mother,* Kate Gooth
6. *Mother's Maiden Name,* Kate Stamm
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Frank Gooth
9. *Father's Occupation,* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Anna Kulach Midwife

Address, 2838 Elliott Balto

Remarks,

1 8 9 5 U 0 0 8 3 3 5

said schedule shall be delivered, duly signed by the person or persons who shall have attended such birth, or by the occupant of the premises, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, who is authorized with the earliest convenient and practicable time to visit such premises for the purpose of ascertaining the facts, and if any person or persons shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71026

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec. 1. 1895
4. Place of Birth, (Street and Number) 410 W. Hoffman St.
5. Full Name of Mother, Mary Garner Saunders
6. Mother's Maiden Name, Mary Garner
7. Mother's Birthplace, Va.
8. Full Name of Father, Charles Saunders
9. Father's Occupation Electrician
10. Father's Birthplace, England

Name of Medical Attendant, or other person who makes this Return, Louise Eatons M.D.

Address, 410 W. Hoffman St.

Remarks.

1895 00 00 33 6

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Coroner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth, or should the period above required, and shall occur within the period of a physician, it shall become the duty of the person or parents of such child, or any other person who shall be within the provisions of this section shall, in addition, report its birth to the Commissioner of Health, in the manner and within the period required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall, on ject to the fine of ten (10) dollars for each offence, to be recovered as other dues and forfeitures are recoverable.

RETURN OF A BIRTH. 71027

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 1
4. *Place of Birth, (Street and Number)* 633 N Carey St
5. *Full Name of Mother,* Mrs Dinsey Mayson Gosnell
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* Chester Gosnell
9. *Father's Occupation* Telegraph Operator
10. *Father's Birthplace,* Md.

Name of Medical Attendant, or other person who makes this Return, S. S. Ullrich

Address, Union Square

Remarks,

8950008337

said schedule shall be delivered, duly signed by the practitioner in the form of a certificate herein-before provided, to the Registrar of Vital Statistics, within the first five days of each and every month, in the case of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter. It shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period of time prescribed and any such person or persons who shall have failed to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71028

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dec. 2 — 1895
4. *Place of Birth, (Street and Number)* 1526 Eastern Ave.
5. *Full Name of Mother,* Theresa Miller
6. *Mother's Maiden Name,* Schlecht
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* George L. Miller
9. *Father's Occupation* Ice Driver
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary Stein

Address, 1627 E. Oraff St.

Remarks,

8950008338

Wm. J. C. Dulany Co., City Printers and Stationers.

Sec. 1. Be it enacted, that hereafter the name and residence of the father, the full name and occupation of the mother, the full name of each child, if any shall have been born, the sex, color, the full name and occupation of the father, the date and place of birth; and the name of the attendant, or other person who shall have charge of the case, shall be certified between the first and third day of each month to the office of the Commissioner of Health, in the form of a certificate to be furnished by said Commissioner of Health. In case there be no attendant or practitioner of midwifery, or should no other person be in charge of the case, the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71029

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 22 Dec 1895
4. *Place of Birth, (Street and Number)* 1274 Williams st
5. *Full Name of Mother,* Eda M. Murry
6. *Mother's Maiden Name,* Ballman
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* George E. Murry
9. *Father's Occupation* Foreman Press and Flagg Tin shop
10. *Father's Birthplace,* Philadelphia

Name of Medical Attendant, or other person who makes this Return, Mrs E. A. Brooks

Address, #1833 Light St

Remarks, Doing well

8 9 5 0 0 0 8 3 3 9

Wm. J. C. Dulany Co., City Printers and Stationers.

ech conferred) its sex, color, the full name and the maiden name, the full name of each child, (if any shall have
said schedule shall be delivered, duly signed by the attendant, in the form of a certificate, to the office between the first and
third day of each and every month to the office of the Commissioner of Health. If such child be born out of wedlock, the
shall occur without the attendance of a physician or practioner of midwifery, or should no other person be li
summoned, then the mother, immediately thereafter, it shall become the duty of the person or parents of such
child to report in writing to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section, shall, for each
jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

advise at the birth of any child, within the City of Baltimore, shall report to the registrar aforesaid, within six days thereafter, stating distinctly the date of birth, sex, and color of the child or children born, its or their physical condition, whether still born or not, the full name, nativity, and residence of the parents, and the maiden name of the mother of such child or children.

RETURN OF A BIRTH.

71030

To the Office of Registrar of Vital Statistics, Board of Health,

BALTIMORE CITY.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex (state whether Male or Female).* Male
2. *Race or Color (if not of the white race)* White
3. *Date of Birth* Dec 2nd 1895
4. *Place of Birth (Street and Number)* 376 Forest Ave
5. *Full Name of Mother* Alice Bond
6. *Mother's Maiden Name* Egan
7. *Mother's Birthplace* Maryland
8. *Full Name of Father* John P. Bond
9. *Father's Occupation* Stone Cutter
10. *Father's Birthplace* Maryland

Name of Medical Attendant, or other Person who makes this return Samuel J. Bolt M.D.

Address 914 W. Pratt St.

Remarks

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

8 9 5 0 0 0 8 3 4 0

RETURN OF A BIRTH. 71031

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec. 3. 1895
4. *Place of Birth, (Street and Number)* St. Vincents Inf. Asylum
5. *Full Name of Mother,* Mary Skully
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Penna
8. *Full Name of Father,* Not known
9. *Father's Occupation* "
10. *Father's Birthplace,* "

Name of Medical Attendant, or other person who makes this Return, R. L. Patin M.D.

Address, 600 North Aisquith

Remarks,

8 4 5 0 0 0 8 3 4 1

Sec. 1. Be it enacted, that the full name and occupation of the parents, the date and place of birth, and the sex, color, the full name and surnames of each child, (if any shall have been born,) and the number of children, if any, of each mother, shall be reported to the Registrar of Vital Statistics, on or before the seventh day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above prescribed, and any such person or persons so shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71032

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 3rd 1895
4. Place of Birth, (Street and Number) 1101 N. Carey St
5. Full Name of Mother, Lena Mitth Cook
6. Mother's Maiden Name, Lena Mitth
7. Mother's Birthplace, Balto md
8. Full Name of Father, Eugene Cook
9. Father's Occupation, Fireman
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return. Dr Theodore Cook

Address, 914 N. Charles St

Remarks,

8950008342

Section 1. Be it enacted, that hereafter, in all cases of birth, the attendant physician or midwife, if any shall have been employed, shall be required, and in all other cases the person in charge of the house or place where such birth shall take place, or the person who shall be called upon to report such birth, shall be required, to ascertain the full name of each child born, the sex, color, the full name and occupation of its parents, the date and place of birth, and the number of the child of its mother, and shall make a return of the same in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the presence of any such attendant or midwife, it shall be the duty of the person or persons in attendance upon the mother immediately thereafter to become the duty of the person or persons in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable.

WM. J. C. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 71083

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth. 3 d Lee
4. Place of Birth, (Street and Number) 1005 Forest Place
5. Full Name of Mother, E Dillon
6. Mother's Maiden Name, E. Flanagan
7. Mother's Birthplace. Ireland
8. Full Name of Father, Patrick Dillon
9. Father's Occupation Salesman
10. Father's Birthplace, Ireland.

Name of Medical Attendant, or other person who makes this Return, Mrs. M. Lorch Henderson

Address, 1911 E. Eager St.

Remarks,

8 9 5 0 0 0 0 3 4 3

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 71034

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex (stote whether mole or femole), Female
2. Roce or Color (if not of the white race), Colored
3. Dotc of Birth, Dec. 3. 1895
4. Ploce of Birth (Street and Number), 410 W. Hoffman St
5. Full Name of Mother, Mamie Johnson
6. Mother's Moiden Nome, Mamie Johnson
7. Mother's Birthplace, Md
8. Full Nome of Fother, Frank Jones
9. Fother's Occupation, Coachman
10. Father's Birthplace, Md.

Nome of Medicol Attendont, or other person who makes this Return. Louis Eakow M.D. Ret'd

Address, Maternite Women's Med. College

Remarks, 410 W. Hoffman St

duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth or any child shall occur without the attendance of a physician or practitioner of midwifery, the father or other person in attendance upon the mother, immediately thereafter shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Publishing Co., City Printers and Stationers

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RETURN OF A BIRTH. 71035

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 30 of December 1895
4. *Place of Birth, (Street and Number)* 802 Pensylvania ave
5. *Full Name of Mother,* Mary Markol
6. *Mother's Maiden Name,* Mary Miko
7. *Mother's Birthplace,* Kithars Ungarn
8. *Full Name of Father,* John Markol
9. *Father's Occupation* Shoemaker
10. *Father's Birthplace,* Kithars Ungarn

Name of Medical Attendant, or other person who makes this Return, Luise Sulara

Address, 1010 Durham St

Remarks,

8 9 5 0 0 0 8 3 4 5

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71036

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 3 December 95
4. *Place of Birth, (Street and Number)* 812 N Durham St
5. *Full Name of Mother,* Nancy Sadleak
6. *Mother's Maiden Name,* Nancy Moroushek
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Andrew Sadleak
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return, Josephan Conrad

Address, 1621 Barnes St Balto Md.

Remarks,

8950 0334 6

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] contained, the sex, color, the full name and occupation of its parents, the date and place of birth; and the [illegible] shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, the father or other person who shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71037

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female).* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth.* Dec 14th 1895
4. *Place of Birth, (Street and Number)* 3rd Lying in Hosp Linden Ave
5. *Full Name of Mother,* Ella Jackson
6. *Mother's Maiden Name,* Ella Jackson
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* unknown
9. *Father's Occupation*
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return. J W Teown ABMD

Address. Maryland Genl Hospital

Remarks,

8950208347

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] is sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should the other person be in attendance upon the mother, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71038

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Seventh

1. *Sex, (state whether male or femate)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec. 4th 1890.
4. *Place of Birth, (Street and Number)* 1038 N. Bond St.
5. *Full Name of Mother,* Emma Brack
6. *Mother's Maiden Name,* Schmidt
7. *Mother's Birthplace,* Balto. City.
8. *Full Name of Father,* Henry L. Brack
9. *Father's Occupation* Real Estate Dealer.
10. *Father's Birthplace,* Balto. City.

Name of Medical Attendant, or other person who makes this Return. J. N. Lefebvre M.D.

Address, 1601 East Eager St.

Remarks,

8 7 5 0 0 0 8 3 4 8

Wm. J. C. Dulany Co., City Printers and Stationers.

Month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the person or persons in charge of such house, or to the nearest relative or friend of the mother, immediately preceding the birth of such child, or to the person or persons who shall attend the mother at the birth of such child to report its birth to the Commissioner of Health, in the manner and within the period of time required, and shall deliver a duplicate of such certificate to the person or persons who shall have charge of such child, or to the person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71039

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 4
4. *Place of Birth, (Street and Number)* 835 Saratoga St
5. *Full Name of Mother,* Mary Flora
6. *Mother's Maiden Name,* Mary Grinder
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Wm & Flora
9. *Father's Occupation* Driver
10. *Father's Birthplace,* Maryland

Name of Medical Attendant, or other person who makes this Return, M H Ledley

Address, 1004 West Lexington St

Remarks,

8950008349

Every coloured infant, the full name and occupation of its parents, the date and place of birth, and the sex, color, the full name and occupation of its parents, the date and place of birth, and the full name of each child born of such parents, shall be recorded by the person or persons attending at the birth, within the first three days of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71040

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* Dec 4 95

4. *Place of Birth, (Street and Number)* 1634 Durham St.

5. *Full Name of Mother,* Minnie Schmidt

6. *Mother's Maiden Name,* a Eckhardt

7. *Mother's Birthplace,* Md.

8. *Full Name of Father,* Chas Schmidt

9. *Father's Occupation* Laborer

10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, J H Robinson M.D.

Address, 1 Jas E. Pirle St

Remarks,

8950003350

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) its sex, color, the full name and occupation of its parents, the date and place of its birth; and the said school shall be delivered, duly signed by the petitioner in the form of a certificate, to the Commissioner of Health; and the said school shall not receive any such child without such certificate; or should no other person of such age and every month to be a physician or practitioner, become the duty of the person or persons in attendance upon the birth to report the birth of such child, in the manner and within the time required, and shall occur without the attendance of a physician or practitioner, become the duty of the person or persons in attendance upon the birth to report the birth of such child, in the manner and within the time required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71041

[redacted] 9-8-60 [redacted]

To the Office of Registrar of Vital Statistics [redacted]ard of Health, Baltimore City.

Name: George Michael Hughes 3d

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) White

3. Date of Birth, Dec 4 95

4. Place of Birth, (Street and Number) 1326 Hillman St.

5. Full Name of Mother, Mary F. Hughes

6. Mother's Maiden Name, Mary Frances Ochs

7. Mother's Birthplace, Ireland

8. Full Name of Father, Michael J. Hughes

9. Father's Occupation Patrolman

10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, J H Lobuson MD

Address, 716 E. Preston St

Remarks,

8 9 5 U 0 0 8 3 5 1

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71042

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Dec 4th 1895
4. Place of Birth, (Street and Number) 1712 Division St
5. Full Name of Mother, Annie Vaughn
6. Mother's Maiden Name, Annie Brooks
7. Mother's Birthplace, Raleigh N. C.
8. Full Name of Father, Thomas Vaughn
9. Father's Occupation Laborer
10. Father's Birthplace, Richmond Va

Name of Medical Attendant, or other person who makes this Return. F W Brown M.B. M.D.

Address, Maryland Lying in Hosp Linden Ave

Remarks,

1895 00 0 0 3 5 2

Wm. J. C. Dulany Co., City Printers and Stationers.

Sec. 6. (Be it further enacted, the full name and occupation of the father, the full name of each child (if any shall have been born of said mother), the sex, color, the place and date of birth; and the said schedule shall be delivered, duly signed, by the parties with whom the same shall be left, to the Commissioner of Health, who shall upon receipt of a certificate between the first and third day of each and every month, in the manner and form prescribed by the said Commissioner, issue a certificate of birth, in lieu of the said schedule, to the person or persons entitled to the same, upon the payment of the fee of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately hereafter, it shall become the duty of the person or persons of each family where such birth shall occur within the period above required, and the duty of the mother, if able, to report the birth to the Commissioner of Health, and any such person or persons who shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71043

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 4th 1895
4. *Place of Birth, (Street and Number)* 419 S. N. Pace St.
5. *Full Name of Mother,* Emma Louise Vollmer
6. *Mother's Maiden Name,* Camp
7. *Mother's Birthplace,* Lehigh Co. Pa.
8. *Full Name of Father,* Chas. J. Vollmer
9. *Father's Occupation,* Barber
10. *Father's Birthplace,* Newark N. J.

Name of Medical Attendant, or other person who makes this Return. H. W. Wehner, M.D.

Address, 723 W. Lombard St.

Remarks, Natural Labor,

8 7 5 0 0 0 8 3 5 3

been conferred the sex, or, the full name and occupation of the father, shall be the name of each child, if any, shall have and whether shall be delivered, duly signed by the practitioner in the form of a certificate to be furnished by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, a return shall be made by the father, if he be within the city, and if not, by the mother of such child to report his birth to the Commissioner of Health, in the manner and within the time above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be and is hereby subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71044

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 5th December.
4. *Place of Birth, (Street and Number)* 1002 Boyd. St
5. *Full Name of Mother,* Clara L. Miller.
6. *Mother's Maiden Name,* Clara L. Miller.
7. *Mother's Birthplace,* Baltimore City
8. *Full Name of Father,* Harry Girard Miller.
9. *Father's Occupation,* Coal + Wood Business
10. *Father's Birthplace,* Baltimore City

Name of Medical Attendant, or other person who makes this Return, Mrs. O'Hayer

Address, 524 Hollins St

Remarks,

B 9 5 0 0 0 0 3 5 4

Shall be recorded the sex, color, the full name, and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the attendant, to the person or persons who shall be required by law to make the return of such child, within the first day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the mother shall hereafter, in all instances, be held to be the person required to make the return of such child, to report its birth to the Commissioner of Health, in the manner herein prescribed; and the parent or parents, or any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM J. C. DULANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 71045

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VIII

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec. 6/95.
4. *Place of Birth, (Street and Number)* 110 N. Bradford Str.
5. *Full Name of Mother,* Elizabeth Chamour
6. *Mother's Maiden Name,* Colemann
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* August D. Chamour
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Balto.

Name of Medical Attendant, or other person who makes this Return, Fro. Deisenhofer

Address. 2225 Gough Str.

Remarks,

8 9 5 0 0 0 8 3 5 5

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance, the mother, or other person who shall have the care of the person or persons of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71046

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* ~~419 Eden St.~~
3. *Date of Birth,* Dec 6 — 1895
4. *Place of Birth, (Street and Number)* 419 S. Eden St.
5. *Full Name of Mother,* Ada Virginia Lauman
6. *Mother's Maiden Name,* Brown
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Henry Theitel Lauman
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary Stein

Address. 1427 E. Fort St.

Remarks,

8 4 5 0 0 0 8 3 5 6

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said physician or midwife or other person shall within the period above required, and in the same way, ascertain the full name of each child, if any shall have been born before, and shall report the same in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, or to any person who may shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71047

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 6th 1895
4. Place of Birth. (Street and Number) 304 S. Caroline Street
5. Full Name of Mother, Mollie Herrmann
6. Mother's Maiden Name, Mollie Geis
7. Mother's Birthplace. Baltimore Md
8. Full Name of Father, Louis Herrmann
9. Father's Occupation, Wood Moulder
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mary Engelhart

Address, 1726 Eastern Ave Balto Md

Remarks,

1 8 9 5 0 0 0 8 3 5 7

and such child shall be delivered, duly signed by the practitioner in the form of a certificate between the first and fifteenth of each month, at the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or if from other causes the person legally in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons in such case with present at the birth to report its birth to the Commissioner of Health, in the manner and within the period above required, and such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71048

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8th

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 6
4. *Place of Birth, (Street and Number)* 204 E Preston Ave
5. *Full Name of Mother,* Mrs Ada Childs Keck
6. *Mother's Maiden Name,* " "
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Jno A Keck
9. *Father's Occupation* Barber
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, E. E. Ellis

Address, Lanvale Apt

Remarks,

8 9 5 0 0 0 8 3 5 8

Wm. J. C. Dulany Co., City Printers and Stationers.

Sec. 1. Collected as sex, color, the full name and occupation of its parents, shall be of each child, if any shall have said schedule shall be delivered, duly signed by the attendant or practitioner, the date and place of birth, and the third day of each and every month to the office of the Commissioner of Health. A certificate between the first and the tenth days of the month, shall be delivered on the tenth day of the month. If no birth shall occur without the attendance of a physician or practitioner of midwifery, or should no other person by law be required to report the birth, the parents of such child shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71049

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth.* December 6, 1895
4. *Place of Birth, (Street and Number)* 1552 Druce st.
5. *Full Name of Mother,* Josephine Curtis
6. *Mother's Maiden Name,* Whalen
7. *Mother's Birthplace,* Talbot Co.
8. *Full Name of Father.* Herman Curtis
9. *Father's Occupation* Driving
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return. Sarah Collins

Address. 1610 Vincent alley

Remarks.

8 9 5 0 0 0 8 3 5 9

Sect. 2nd. Sect. 1. Be sex, color, the full name and occupation of the parents, the date and place of birth, and the number of each child, if any, shall have been ascertained, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health. If such certificate be not so given, the attendance upon the mother and child thereafter, if the mother dies within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71050

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Dec 6 — 1895
4. Place of Birth, (Street and Number) 1044 Granby St.
5. Full Name of Mother, Maggie Reilly
6. Mother's Maiden Name, Crowin
7. Mother's Birthplace, Ireland
8. Full Name of Father, William Reilly
9. Father's Occupation Rigger
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Pratt St.

Remarks,

8950008360

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] sex, [illegible] as or as the same can be ascertained the full name of each child (if any, shall have been conferred), the sex, color, the full name and occupation of its parents, the date and place of birth, and the [illegible] shall schedule shall be delivered, duly signed by the practitioner, to the Board of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, it shall be the duty of the person or parents of such child to report such birth to the Commissioner of Health, in the manner and within the period prescribed by the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71051

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dec 7 '95
4. *Place of Birth, (Street and Number)* 931 Eager St
5. *Full Name of Mother,* Rose Crosby
6. *Mother's Maiden Name,* Neff
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Frank Crosby
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, Caroline Miller

Address, 1035 Mallory

Remarks,

Sec. 1. That the sex, color, the full name and occupation of his parents, the date and place of birth, shall have been ascertained by the attendant in the form of a certificate, between the first and tenth days of each month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the parents of such child to report its birth to the Commissioner of Health, in the manner and within the period of time aforesaid, any such parent who shall thereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71054

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 7 95
4. *Place of Birth, (Street and Number)* 1005 Low
5. *Full Name of Mother,* M. Ginsberg
6. *Mother's Maiden Name,* " Black
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* W. Ginsberg
9. *Father's Occupation* Tailor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, J. H. Robinson M.D.

Address, 726 E. Pratt St

Remarks,

8 7 5 U 0 0 8 3 6 2

Wm. J. C. Dulany Co., City Printers and Stationers.

been concerned) its sex, color, the full name and occupation of its parents, the date of birth, and the place of birth (street and number), shall be reported to the Commissioner of Health, by the said attendant, or other person who shall deliver the child, within twenty-four hours after the birth, and the said attendant, or other person who shall deliver the child, shall also report to the office of the Commissioner of Health, in the form of a certificate, the date of birth, the place of birth (street and number), and the full name and occupation of the parents of the child, on the first day of each and every month to the office of the Commissioner of Health. In any such case where a birth shall occur without the attendance of a physician or practitioner of midwifery, or where the attendant, upon the mother, immediately thereafter, is shall become the duty of the nurse or other person who shall be in charge of the mother, to report the birth to the Commissioner of Health. In any such case the nurse or other person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71053

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) V

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec. 7/95
4. *Place of Birth, (Street and Number)* 109 S. Wolf Str.
5. *Full Name of Mother,* Familie Schroeder
6. *Mother's Maiden Name,* " Schroeder
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Schroeder
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Dewenhofer

Address, 2225 Gough Str

Remarks,

8950008363

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case no birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of any person in attendance upon the mother at the time of the birth, or other person, or parents of such child to report the said birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71054

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth.* 7 December 75
4. *Place of Birth, (Street and Number)* 741 N Durham St
5. *Full Name of Mother,* anna Shimonaff
6. *Mother's Maiden Name,* anna zitnaff
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* John Shimonaff
9. *Father's Occupation* Black Smith
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return, Josephine Konrad

Address. 621 Barney St Balto Md

Remarks.

8450088364

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] name of the child, if any shall have been given, the date and place of birth, and the sex of the child; and every person who shall be present at the birth of any child shall become the duty of the person or parents of such child, or in case of the absence or inability of the parents, then of the person in charge of such child, or in the absence or inability of the parents or person in charge, then of the person in attendance upon the mother, immediately after the birth, to report the birth of such child to the Commissioner of Health, in the manner and within the period prescribed in this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71055

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 8th 1895
4. Place of Birth, (Street and Number) 1614 Bank Street
5. Full Name of Mother, Mary F. Thiesz
6. Mother's Maiden Name, Mary F. Ryan
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, Frederick Thiesz
9. Father's Occupation, Driver
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Mary Engelhart

Address, 1726 Eastern Ave Balto Md.

Remarks,

8950003365

said return shall be delivered, duly signed by the practitioner in the form of a certificate between the first and tenth days of each and every month to the office of the registrar of midwifery, or should no other person be in attendance upon the mother of such child, the person who shall become the duty of the person required, and shall occur without the attendance of a physician or midwife, shall within the period above required, and such return shall be made to the Commissioner of Health, in the manner and with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71056

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 8th Dec 1895
4. Place of Birth, (Street and Number) 1110 Battery Ave
5. Full Name of Mother, Florence M Andrews
6. Mother's Maiden Name, Lanahan
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Charles Andrews
9. Father's Occupation Engineer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Elizabeth Yewell

Address, 436 E Fort Ave

Remarks,

8950008366

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] sex, color, the full name and occupation of its parents, the date and place of birth; and the [illegible] shall be delivered, duly signed by the attendant, to the office of the Commissioner of Health. In case the birth of any child [illegible] third day of each and every month to the office of the Commissioner of Health, or should no other person or parents of such [illegible] shall occur without the attendance of a physician or midwife, the person or parents of such child shall be required, and [illegible] attendance upon the birth, to make and deliver, within the period above required, and [illegible] child to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71057

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6 child

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* december 8 1895
4. *Place of Birth, (Street and Number)* 1411 roland ave hampden city
5. *Full Name of Mother,* Mary E Gadfelter
6. *Mother's Maiden Name,* Cooper
7. *Mother's Birthplace,* Baltimore city
8. *Full Name of Father,* William ~~Baltimore county~~ Gadfelter
9. *Father's Occupation* engineer
10. *Father's Birthplace,* Woodlawn Baltimore county

Name of Medical Attendant, or other person who makes this Return,

Address, Martha E B King #545 Pickard ave hampden city

Remarks,

8 7 5 0 0 0 0 3 6 7

Wm. J. C. Dulany Co., City Printers and Stationers.

Sec. 1. Be it enacted, that the sex, color, the full name and occupation of its parents, the date and place of birth of every child born within this city shall be reported to the office of the Commissioner of Health. In case the birth of any child shall not be delivered, duly signed by the practitioner in the form of a certificate between the first and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter the father or other person in the family or house where such child is born shall report its birth to the Commissioner of Health, in the manner and within the period above prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71058

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 8 1855
4. Place of Birth, (Street and Number) 57 Gorsuch Avenue
5. Full Name of Mother, Anna Buchner
6. Mother's Maiden Name, Stein
7. Mother's Birthplace, Germany
8. Full Name of Father, Charles Buchner
9. Father's Occupation Saloon Keep
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Guy H. Wood M.D.

Address. 237 Gorsuch Ave

Remarks.

8 9 5 0 0 0 3 3 6 8

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] the name of each child, if any shall have been born, the sex, color, the full name and occupation of its parents, the date and place of birth, and the name of the attendant, in the form of a certificate between the first and third day of each and every month to the physician or practioner of midwifery, or the person or parents of such child, if there be no such attendant, and in case there be no other person to be in attendance upon the birth, to the Commissioner of Health. In case no other person be in attendance upon the birth, the mother shall be the person who shall be required, and shall comply with the provisions of this section, which shall be enforced against such person or persons who shall herein fail to comply with the provisions of this section, and forfeitures are recoverable. Jected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71059

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth.* Dec. 16 th
4. *Place of Birth, (Street and Number)* 1311 N. Lancaster St.
5. *Full Name of Mother,* Carrie Adams
6. *Mother's Maiden Name.* Carrie Hawkins
7. *Mother's Birthplace,* Calvert Co. Md.
8. *Full Name of Father,* George Adams
9. *Father's Occupation* Cutter Work
10. *Father's Birthplace,* Calvert Co. Md.

Name of Medical Attendant, or other person who makes this Return, Sarah R. Collings

Address, 1610 Vincent Street

Remarks.

B950088369

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedules shall be delivered, duly signed by the attendant or other person, to the Commissioner of Health; and the said clerk of each and every month to the Physician or practioner of midwifery of the person or parents of such child, or other person, immediately thereafter it shall become and within the period above recited, and shall occur without the attendance of any person, the mother of such child shall be the person to report such birth to the Commissioner of Health, comply with the provisions of this section, shall be subject to the penalty herein to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71060

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male

2. *Race or Color, (if not of the white race)*

3. *Date of Birth,* Dec 14 – 1895

4. *Place of Birth, (Street and Number)* 323 S. Spring St.

5. *Full Name of Mother,* Louise Neller

6. *Mother's Maiden Name,* Kramer

7. *Mother's Birthplace,* Baltimore

8. *Full Name of Father,* William Neller

9. *Father's Occupation* Huxter

10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary Stein

Address, 1427 E. Pratt St

Remarks,

8950008370

e during the
[illegible] and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have
been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the
said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and
third day of each and every month to the office of the Commissioner of Health. In case the birth of any child
shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in
attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such
child to report its birth to the Commissioner of Health, in the manner and within the period above required, and
any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the name of the attending physician or person or other person who shall have charge of the same, and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health in the manner and within the time prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten ($10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71061

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, 2*d*, 3*d*, &c.) Third

1. *Sex*, (*state whether male or female*) Male
2. *Race or Color*, (*if not of the white race*) White
3. *Date of Birth*, June 11th 1895
4. *Place of Birth*, (*Street and Number*) 1315 N Canal St
5. *Full Name of Mother*, Barbara Brooks
6. *Mother's Maiden Name*, Schaut
7. *Mother's Birthplace*, Balto
8. *Full Name of Father*, Charles J Brooks
9. *Father's Occupation* Packer
10. *Father's Birthplace*, Balto

Name of Medical Attendant, or other person who makes this Return. S H Sildner M D.

Address, 1501 E Lagrost St

Remarks,

U 9 5 0 0 0 8 3 7 1

Wm. T. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71062

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dec 11th 1895
4. *Place of Birth, (Street and Number)* Md General Hospital
5. *Full Name of Mother,* Anne Qualey
6. *Mother's Maiden Name,* Anne Scofield
7. *Mother's Birthplace,* Maryland
8. *Full Name of Father,* John Qualey
9. *Father's Occupation* Shipper
10. *Father's Birthplace,* Connecticut

Name of Medical Attendant, or other person who makes this Return. L. H. Brown A.B.M.D.

Address, Maryland General Hospital.

Remarks.

6 7 5 0 0 0 3 7 2

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] sex, color, the full name and occupation of its parents, the date and place of birth, and the [illegible] shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in the manner and within the period above required, and shall occur without the attendance of a physician or regular practitioner of midwifery, or should no other person be in attendance upon the mother, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above required, and [illegible] any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71063

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 11th 1895
4. Place of Birth, (Street and Number) 1921 Bank Street
5. Full Name of Mother, Mary Hall
6. Mother's Maiden Name, Mary Smith
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, George Hall
9. Father's Occupation, Can Maker
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mary Engelhart

Address, 1726 Eastern Ave Balto Md

Remarks,

8950008373

Wm J. C. Dulany Co., City Printers and Stationers.

[illegible] the full name and occupation of its parents, the date and place of birth; and the [illegible] and schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each and every month to the office of the Commissioner of Health; or, should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence; to be recovered in other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71064

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third Child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec. 11th 1895
4. *Place of Birth, (Street and Number)* No. 1011 Greenmount Ave
5. *Full Name of Mother,* Mrs Ida Gorney
6. *Mother's Maiden Name,* Miss Ida Scott
7. *Mother's Birthplace,* Philadelphia
8. *Full Name of Father,* Mr. John Gorney
9. *Father's Occupation* Draftsman
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs Annie O'Brien

Address, 902 Greenmount Ave

Remarks,

B950009374

Wm. J. C. Dulany Co., City Printers and Stationers.

Provided, that in case the child be born in a house, the same can be ascertained, the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the maiden name of each mother, shall be delivered, duly signed by the practitioner in the form of a certificate between the first and tenth days of each month, to the office of the Commissioner of Health, in case there be no other person in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or parents who shall fail to comply with the provisions of this section within the time specified, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71065

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. *Sex, (state whether male or female)* Female

2. *Race or Color, (if not of the white race)* White

3. *Date of Birth,* December 11th 1895

4. *Place of Birth, (Street and Number)* 308. N. High Street

5. *Full Name of Mother,* Johanna Clancy.

6. *Mother's Maiden Name,* Johanna Fahey.

7. *Mother's Birthplace.* Carroll Co. Maryland

8. *Full Name of Father,* John J. Clancy.

9. *Father's Occupation* Bartender

10. *Father's Birthplace,* Baltimore Maryland

Name of Medical Attendant, or other person who makes this Return, Mrs. Worden

Address, 1000 E. Hoffman St.

Remarks,

6950000375

[illegible] the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

GIVEN NAME ADDED 8-16-55 71066

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Marie Eva Wilson 2nd

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec. 11. 1895
4. *Place of Birth, (Street and Number)* 2117 Hanover
5. *Full Name of Mother,* Emma A Wilson
6. *Mother's Maiden Name,* Emma A Johnson
7. *Mother's Birthplace,* Harford County Md.
8. *Full Name of Father,* Robt E. Wilson
9. *Father's Occupation* R.R. Employe
10. *Father's Birthplace,* Harford County Md.

Name of Medical Attendant, or other person who makes this Return. J. W. Cole, M.D.

Address, 1225 S Charles

Remarks, This, and the accompanying report were laid in Reg's Dept Lib Balto on time

Wm. J. C. Du... City Printers and Stationers.

RETURN OF A BIRTH. 71067

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 12, 1895
4. Place of Birth, (Street and Number) 129 E Church St
5. Full Name of Mother, Agnes Ballman
6. Mother's Maiden Name, Boedl
7. Mother's Birthplace, Germany
8. Full Name of Father, Frank A Ballman
9. Father's Occupation, Merchant
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, J Gamel M.D.

Address, 1051 Augusta St

Remarks,

8 9 5 0 0 0 8 3 7 7

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71068

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female). Female
2. Race or Color, (if not of the white race) White.
3. Date of Birth, Dec 12 - 95
4. Place of Birth, (Street and Number) 1823 Frederic Ave.
5. Full Name of Mother, Clara Wagner.
6. Mother's Maiden Name, Clara Kloop.
7. Mother's Birthplace, Maryland
8. Full Name of Father, John Wagner.
9. Father's Occupation Printer.
10. Father's Birthplace, Washington D.C.

Name of Medical Attendant, or other person who makes this Return. L. A. Daily

Address, 838 N. Eutaw St.

Remarks,

8 V 5 0 0 0 3 3 7 8

been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, it shall be the duty of any person having the number upon his or her premises, hereafter to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH 71069

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (State whether male or female) Male
2. Race or color, (if not of the white race) White
3. Date of Birth, Dec 12 - 1895
4. Place of Birth, (Street and Number) 136 Lancaster.
5. Full Name of Mother, Maggie Hohn Geiger
6. Mother's Maiden Name, Maggie Dechman
7. Mother's Birthplace, Balto Md
8. Full Name of Father, Edward Hohn Geiger
9. Father's Occupation, Baker.
10. Father's Birthplace, Balto Md

Name of Medical Attendant, or other person who makes this Return. Lizzy A Boyd

Address, 677 Columbia ave

Remarks,

8950008379

month, and shall set forth so far as the same can be ascertained the full name of each child, if any, which have been conferred, duly signed by the parents, the date and place of birth, and the sex, color, the full name and occupation of the parents, the date and place of birth, and the full name of each child, if any, which have been born to the mother, and shall be forwarded to the office of the Commissioner of Health, certificate between the first and third days of each and every month to the office of the Commissioner of Health; and in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should the other person who may be required to report its birth to the Commissioner of Health, fail to become the duty of the person or parents of such child, or the person who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

J. S. DULANY & CO., CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 71070

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3d

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) white
3. Date of Birth. 1st. Dec
4. Place of Birth, (Street and Number) 416 E. Preston St.
5. Full Name of Mother, Mary Anderson
6. Mother's Maiden Name, Mary McKenzy.
7. Mother's Birthplace, Baltimore Md.
8. Full Name of Father, William Anderson
9. Father's Occupation Printer
10. Father's Birthplace, Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. J. Kirk Midwife

Address, 417 E. Eager St.

Remarks,

8 7 5 0 0 0 3 3 8 0

been conferred by law upon the Board of Health, the same can be ascertained the full name of each child, (if any shall have been born) the sex, the date and place of birth, and the full name and occupation of its parents, the date and place of birth, and the maiden name of the mother, and the name and residence of the attendant at the birth, and shall deliver, duly signed by the mother or other person who shall have charge of the child, a certificate to the effect that such information has been given, and shall report the birth to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance who shall be qualified to report the birth, the mother of such child shall immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and with the particulars required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

71071

RETURN OF A BIRTH. 71071

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether ~~1st, 2d,~~ 3d, &c.) 3

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 12 th 1895
4. Place of Birth, (Street and Number) 1543 Madison St
5. Full Name of Mother, Becky Bridenman
6. Mother's Maiden Name, Becky Bridenburg
7. Mother's Birthplace, Russia
8. Full Name of Father, Joseph Bridenman
9. Father's Occupation Merchant
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Thomas Sheller

Address, 700 E Baltimore St

Remarks,

8450083381

Wm. J. C. Dulany Co., City Printers and Stationers.

month, a bill shall set forth as far as the same can be ascertained, the full name of each child born in her care during the month, a bill shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third days of each month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner, midwife or other person, a person or such attendance upon the mother, immediately thereafter it shall become the duty of the person attending to report the child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71072

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, ~~3d~~, &c.)

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 12th 1895
4. Place of Birth, (Street and Number) 112 N Exeter St
5. Full Name of Mother, Rosey Cohen
6. Mother's Maiden Name, Rosey Yaffel
7. Mother's Birthplace, Russia
8. Full Name of Father, Benjamin Cohen
9. Father's Occupation Tailor
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, Thomas Scudder

Address, 700 E Baltimore St

Remarks,

8950008382

been conferred; its sex, color; the full name and occupation of its parents, the date and place of birth; and the name of the physician, or midwife, who attended at the birth of any child, shall be delivered, duly signed by the practitioner in the form of a certificate herein, to the Registrar of Vital Statistics, within thirty days after such birth, and every such practitioner, or midwife, who shall neglect or refuse to make such report within the thirty days, or who shall make a false report, or should no other person be in attendance upon the mother, or should the mother, or other person, be unable to make such report, the same shall be made by the Commissioner of Health, in the manner and within the period above prescribed, and shall be prima facie evidence of the facts therein stated; and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71073

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec. 12. 1895
4. *Place of Birth, (Street and Number)* St. Vincents Inf. Asylum
5. *Full Name of Mother,* Kate Kahen
6. *Mother's Maiden Name,* "
7. *Mother's Birthplace,* Md.
8. *Full Name of Father,* Not Known
9. *Father's Occupation* "
10. *Father's Birthplace,* "

Name of Medical Attendant, or other person who makes this Return, R. L. Robin M. D.

Address, 600 North Aven

Remarks,

8950008383

been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly filled, by the person in charge of the place of birth, to the Commissioner of Health, within the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person in attendance within twenty-four hours thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71074

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dec 12 — 1895
4. *Place of Birth, (Street and Number)* 328 S. Spring St.
5. *Full Name of Mother,* Julia Eagen
6. *Mother's Maiden Name,* Welch
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Frank Eagen
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mary Stein

Address, 1427 E. Fort St.

Remarks,

8 9 5 0 0 0 8 3 8 4

month, and shall set forth as far as the same can be ascertained, the full name of each child, if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth and the said schedule shall be delivered every month to the office of the Commissioner of Health, in the manner and in the form prescribed by the practitioner in the form of a certificate, in case the birth of any child shall occur without the attendance of a physician or midwife, it shall become the duty of the person or persons in attendance upon the mother, immediately on the birth of such child, to report its birth to the Commissioner of Health, in the manner and in the form above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required. and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71075

OTHER NAME ADDED 11-29-60

To the Office ~~of Registrar of Vital~~ Statistics, Board of Health, Baltimore City.

Name: Francis Joseph McDonnell

No. of Child of Mother (state whether 1st, 2d, 3d, &c.) Sixth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec. 13, 1895
4. Place of Birth, (Street and Number) 1724 N. Broadway
5. Full Name of Mother, Bernardine C. McDonnell
6. Mother's Maiden Name, Kupla
7. Mother's Birthplace, Baltimore
8. Full Name of Father, James C. McDonnell
9. Father's Occupation Commission Merchant
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, L. W. Seldner M.D.

Address, 1801 East Eager St.

Remarks,

18950008385

Wm. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71076

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White race
3. Date of Birth, 13th of December
4. Place of Birth, (Street and Number) Balto. 1300 Chase St. & Central Ave
5. Full Name of Mother, Mary Elisabeth Breuning
6. Mother's Maiden Name, " " " Lyons
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Henry R Breuning
9. Father's Occupation Trimmer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs Annie O'Brien

Address, 902 greenmount ave

Remarks,

8 9 5 0 0 0 2 3 8 8

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born, the full name and occupation of the parents, the date and place of birth, and the sex of each child, if delivered, duly signed by the person in the form of a certificate between the date of any child and the third day of each succeeding month, to the office of the Commissioner of Health. In case no other person be in said schedule shall and every month to the office of the Commissioner of Health, in the manner aforesaid, and within the period above mentioned, any person or practioner of midwifery, of the person or parents of such child, or person in attendance at such birth, who shall neglect or refuse to report such birth, or who shall neglect or refuse to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

SIVEN NAME ADDED 11-5-52

71077

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Margaret Irma Thomas 3d

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* 13th Dec 1895
4. *Place of Birth, (Street and Number)* 103 E Ostend St
5. *Full Name of Mother,* Louisa E Thomas
6. *Mother's Maiden Name,* Wright
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* John Thomas
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Elizabeth Yerrell

Address, 436 E First ave

Remarks,

8750 0 0 0 3 8 7

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] the full name and occupation of the parents, the date and place of each child, if any shall have been conferred) its sex, color, the date and place of each child, if any shall have been conferred, and the name and occupation of the parents, the date and place of the first and subsequent births, and shall cause the same to be duly signed by the Registrar of Vital Statistics, in the form of a certificate of the birth of any child which shall be delivered, month to the office of the Commissioner of Health. Should no other person or persons be present at the birth, the mother, or in her absence, the nurse or other person in charge of such child, shall cause the same to be duly signed by the person or persons present, and third day of each month, or oftener if required, and in the manner and within the period prescribed by the Commissioner of Health, the duty of the person or persons in the attendance at a birth hereunder it shall become and within the period so required, and shall occur upon the mother, immediately to comply with the provisions of this section shall be subject to the fine of Ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. upon the mother, immediately to comply with the provisions of this section shall be subject to the fine of Ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. child to report its birth to the Commissioner of Health, or other person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of Ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of Ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Section 1. This shall set forth, so far as the same can be ascertained, the full name of each child, if any shall have been born, the sex, color, the full name and occupation of the parents, the date and place of birth, and the name conferred; its sex, color, the full name and occupation of the parents, the date and place of birth, and the said schedule shall be delivered, duly signed, by the person in charge of the house, or other person in the third day of each and every month, to the Commissioner of Health. In case there be no person in charge of such house, or if the house be vacant, then the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and within the same period of time, shall devolve upon the person who shall be the occupant of such house; and any such person or persons who shall neglect or refuse to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71078

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 ct

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) with
3. Date of Birth, 13 December 1895
4. Place of Birth, (Street and Number) 2006 E. Fayette St.
5. Full Name of Mother, Lizzie Björens
6. Mother's Maiden Name, Lizzie Bergqvord
7. Mother's Birthplace, Baltimore
8. Full Name of Father, William Björens
9. Father's Occupation Brückläger
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs H. Kraus Midwife

Address, 1922 E. Fayette St.

Remarks, —

B 9 5 0 0 0 3 8 8

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71079

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 13 95
4. Place of Birth, (Street and Number) 2233 Madison av
5. Full Name of Mother, Annie Cohn
6. Mother's Maiden Name, Annie Romfed
7. Mother's Birthplace, Balto
8. Full Name of Father, Wm Cohn
9. Father's Occupation, Merchant
10. Father's Birthplace, Russia

Name of Medical Attendant, or other person who makes this Return, H C Pole

Address, 2038 Madison av

Remarks,

8950 08389

Wm J C. Dulany Co., City Printers and Stationers.

Rule.—This schedule shall consist of a list of the full name of each child, if any shall have been born, and shall set forth as far as the same can be ascertained the full name, place of birth, and the sex, color, date of birth, and occupation of the parents, or a certificate between the mother and the attendant, if any, or the person who shall have charge of any child born, and shall be duly signed by the practitioner of Health. In case of no other person be in said schedule shall be every month to the office of the practitioner of midwifery, of the person or parents of such child to report its birth, or in case of the absence of the mother, or in case of the death of the child, without the attendance of a physician, hereafter it shall become and within the period above stated, and the day of each and every month, the mother, or in case of her absence, or in case of her death, the attendant upon the mother, Commissioner of Health, in the city, to comply with the provisions of this section, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71080

BIRTH NAME ADDED 1/16/61

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

NAME: FRED JOHN LANG

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Dec 13 — 1895
4. Place of Birth, (Street and Number) Casino Patterson Park
5. Full Name of Mother, Susie M. Lang
6. Mother's Maiden Name, Seibert
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Gottfried Lang
9. Father's Occupation
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E Pratt St.

Remarks,

8450008390

Wm. J. C. Dulany Co., City Printers and Stationers.

Sec. 2. Be it further enacted, that the same can be ascertained, the full name of each child (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said attending shall be delivered, duly signed by the practitioner in the form of a certificate between the 1st and the 15th day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur within the said period of time, and there shall be no attendant, or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth of such child, the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period prescribed, and upon such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71081

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth.

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec. 13th 1895
4. Place of Birth, (Street and Number) No 132 + Lorist St.
5. Full Name of Mother, Elizabeth Irene Heltzel
6. Mother's Maiden Name, Elizabeth Irene Cooley
7. Mother's Birthplace, Sunbury Pa
8. Full Name of Father, William Anderson Heltzel
9. Father's Occupation Flagman
10. Father's Birthplace, New Oxford Adams Co Pa

Name of Medical Attendant, or other person who makes this Return, Mrs Worden

Address, 000 E + Lafayette St

Remarks,

0 7 5 0 8 0 3 3 9 1

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in case of a birth at any place in the city where neither a practitioner of medicine or surgery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71082

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec. 13 1895
4. *Place of Birth, (Street and Number)* St. Vincents Inf. Asylum
5. *Full Name of Mother,* Florence Newbell
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Md
8. *Full Name of Father,* Not known
9. *Father's Occupation* "
10. *Father's Birthplace,*

Name of Medical Attendant, or other person who makes this Return, R. C. Dasis M. D.

Address, 600 North Avenue

Remarks,

B45U108392

Wm. J. C. Dulany Co., City Printers and Stationers.

Each and every person who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71083

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Dec 14th 1895
4. Place of Birth, (Street and Number) Md Lying-in Hospital
5. Full Name of Mother, Stella Collins
6. Mother's Maiden Name, Stella Collins
7. Mother's Birthplace, Balto -
8. Full Name of Father, unknown
9. Father's Occupation unknown
10. Father's Birthplace, unknown

Name of Medical Attendant, or other person who makes this Return, T. H. Brown A.B. MD

Address, Md Lying-in Hospital Linden Ave.

Remarks.

6 4 5 0 0 0 3 3 9 3

Wm. J. C. Dulany Co., City Printers and Stationers.

begin conferred) his sex, color, the full name and occupation of his parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71084

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) Black
3. Date of Birth, December 14 1895
4. Place of Birth, (Street and Number) 1015 Jenkins Alley
5. Full Name of Mother, Sarah Elizabeth Mitchell
6. Mother's Maiden Name, Sarah Elizabeth Hill
7. Mother's Birthplace, 1015 Jenkins Alley Baltimore Md.
8. Full Name of Father, William Sylva Mitchell
9. Father's Occupation Waiter
10. Father's Birthplace, Tyson St. Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, J W Keown Asst MD.

Address, Md General Hospital

Remarks,

8 7 5 0 0 0 3 9 4

Wm. J. C. Dulany Co., City Printers and Stationers.

Note.—Section 1 of Act approved March 24, 1894, provides that the name of each child, if any shall have been conferred, its sex, color, the full name and occupation of the mother, the date and place of birth, and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate herein, within five days after the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance who shall be willing to make the return, the person in charge of the premises or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above specified and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Section 1. Be it enacted by the General Assembly of Maryland, That from and after the passage of this act, the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth and the maiden name of the mother, shall be registered by the Commissioner of Health, upon a certificate to be made the first and third day of each and every month, to the office of the Commissioner of Health, by the attending physician, who shall attend the birth, or if such attendance shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child, or the person in charge of the house in which such birth shall occur, to report the same in writing to the Health Department, or any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71085

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 4th Dec
4. *Place of Birth, (Street and Number)* 824 Front St
5. *Full Name of Mother,* Annie Wells
6. *Mother's Maiden Name,* Annie Fein
7. *Mother's Birthplace,* Baltimore Md
8. *Full Name of Father,* Thos Wells
9. *Father's Occupation* Theatre
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return, Mrs. J. Smith Midwife

Address, 14 N. E. Eager St.

Remarks,

8 9 5 0 0 0 3 3 9 5

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71086

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. *Sex, (state whether male or female).* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec. 14 '95
4. *Place of Birth, (Street and Number)* 1323 N. Mount
5. *Full Name of Mother,* Mrs. Alice C. Slaughter
6. *Mother's Maiden Name,* Alice C. Ward
7. *Mother's Birthplace,* Baltimore Md.
8. *Full Name of Father,* Carey T. Slaughter
9. *Father's Occupation* Clerk
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant, or other person who makes this Return. Frank E. Vaughn M.D.

Address, 413 Hanover St.

Remarks, Baltimore

6 V 5 U 0 0 8 3 9 6

Wm. J. C. Dulany Co., City Printers and Stationers.

month, the child shall be born alive, or the same can be ascertained the full name of each child (if may shall have been conferred) its sex, color, the date and place of birth, and the full name, age, color, and occupation of its parents, the date and place of birth and the said schedule shall be delivered, duly signed by the attendant, to the person who shall cause the birth of any child to be registered, and shall every month to the office of the Commissioner of Health, a certificate between the first and last day of each and every month to the office of the Commissioner of Health, a duplicate to other person be in attendance upon the mother at the birth of such child, or shall be the mother of such child, or the person or persons who shall have charge of such child to report its birth to the Commissioner of Health, shall become the duty of the person or persons so in charge of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH 71087

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. Sex (state whether male or female), Female
2. Race or Color (if not of the white race), White
3. Date of Birth, Dec 14/95
4. Place of Birth (Street and Number), 308 Jefferson St. (annex)
5. Full Name of Mother, Kate Pfunling
6. Mother's Maiden Name, Campus
7. Mother's Birthplace, Baltimore City
8. Full Name of Father, August Pfunling
9. Father's Occupation, Tailor
10. Father's Birthplace, Baltimore City

Name of Medical Attendant, or other person who makes this Return. L. H. Monmonier M.D.

Address, 634 Greene ave.

Remarks,

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Baltimore Publishing Co., City Printers and Stationers

and shall set forth as far as the same can be ascertained the full name of each child, the name of the father and mother of each child, the sex and color, the full name and occupation in the form of a certificate of birth of any child shall come to the knowledge of any person or persons who were the first and third day of ferred, delivered, duly signed by the attendant or other person who shall be required to report the birth to the Commissioner of Health. If such birth occurs without the attendance of any physician or midwife, then the person or persons of such and every person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71088

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dec 14 — 1895
4. *Place of Birth, (Street and Number)* 324 S. Broadway
5. *Full Name of Mother,* Carrie Guerke
6. *Mother's Maiden Name,* Appel
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Adolph Guerke
9. *Father's Occupation* Trunk Maker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Pratt St

Remarks,

8 9 5 0 0 0 8 3 9 8

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been conferred, its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate, to the first and third day of each and every month to the office of the Commissioner of Health. In case the first or last day of attendance upon the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, in any manner within the period above required, shall cover a period of more than ten days, the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71089

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 14 December 95
4. *Place of Birth, (Street and Number)* 813 Shutter St
5. *Full Name of Mother,* Cary Dubon
6. *Mother's Maiden Name,* Cory Malacz
7. *Mother's Birthplace,* Bohemia
8. *Full Name of Father,* Albert Dubon
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return, Josephian Conrad

Address, 1621 Barnes St Balt. Md

Remarks,

E 4 5 0 0 0 8 3 9 9

Wm. J. C. Dulany Co., City Printers and Stationers.

been conferred) his sex, color, the full name and occupation of its parents, the date and place of birth, and the name of the attending physician or midwife, if any, shall have been delivered, duly signed by the practitioner in charge, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, the father, if living, shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period of time above specified, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be and shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71090

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7th

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 15 1896
4. *Place of Birth, (Street and Number)* 1101 Somerset St
5. *Full Name of Mother,* Sarah Lorenza Lautenbloe
6. *Mother's Maiden Name,* " " Slade
7. *Mother's Birthplace,* Balto Co
8. *Full Name of Father,* George Lautenbloe
9. *Father's Occupation* Huckster
10. *Father's Birthplace,* Balto. Co —

Name of Medical Attendant, or other person who makes this Return, Wm J. Walton

Address, 1519 N. Broadway

Remarks,

G 4 5 0 5 0 0 4 0 0

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] the same can be ascertained the full name of each child, (if any shall have been born) its sex, color, the full name and occupation of its parents, the date and place of birth; and the name of the attendant who delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of medicine, it shall be the duty of the attendant upon the mother, immediately after the birth, to report in like manner and within the period above required, and only such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71091

CERTIFICATE CORRECTED 5-6-37

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: Fannie Ada Coplan

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Kind

1. Sex, (state whether male or female) Madchen
2. Race or Color, (if not of the white race) white race
3. Date of Birth, 15 December 1895
4. Place of Birth, (Street and Number) 105 Ethelbourne
5. Full Name of Mother, Sara (~~Kaplan~~) Coplan
6. Mother's Maiden Name, Europe
7. Mother's Birthplace, Moses (~~Kaplan~~) Coplan
8. Full Name of Father, Shumacher
9. Father's Occupation, Europa
10. Father's Birthplace, Simon Wagenheim

Name of Medical Attendant, or other person who makes this Return,

Address, 1107 E. Pratt st

Remarks,

Wm. J. C. Dulany Co., City Printers and Stationers.

8 9 5 0 0 0 8 4 0 1

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a practitioner or midwife, it shall become the duty of the person or parents in attendance upon the mother, immediately thereafter to shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71092

CERTIFICATE CORRECTED 11-16-53

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name: William ~~Adolf~~ Eggert

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. Sex, (state whether male or female) Boy
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec. 18/95
4. Place of Birth, (Street and Number) 523 S. Bradford Str.
5. Full Name of Mother, Maggie ~~(Rickert)~~ Eggert
6. Mother's Maiden Name, M. Kartens
7. Mother's Birthplace, Balto.
8. Full Name of Father, Adolf ~~(Rickert)~~ Eggert
9. Father's Occupation Carpenter
10. Father's Birthplace, Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Deisenhofer

Address, 2225 Gough St.

Remarks,

8950008402

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71093

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Thirteenth

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* Colored
3. *Date of Birth,* Dec 15 1895
4. *Place of Birth, (Street and Number)* 1108 Jenkins alley
5. *Full Name of Mother,* Lizzie Brooks Thomas
6. *Mother's Maiden Name,* Lizzie Harris
7. *Mother's Birthplace,* Talbot County Md
8. *Full Name of Father,* Noble H Thomas
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Charles County Md

Name of Medical Attendant, or other person who makes this Return, Thomas W Keenan A B M D

Address, Maryland General Hospital

Remarks,

6950008403

Wm. J. C. Dulany Co., City Printers and Stationers.

Section 2. For every Return so made as aforesaid, the full name of each child, (if any shall have been conferred,) his sex, color, the full name and occupation of its parents, the date and place of birth, and the name of the attending physician or practitioner in midwifery, or other person who officiated as such, shall be reported to the Commissioner of Health, in a manner and with the forms and blanks provided and furnished by the Commissioner of Health, within the first twenty-four hours after the birth, and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the parents or parents of such child to report its birth to the Commissioner of Health, in a manner and with the forms and blanks provided and furnished by the Commissioner of Health, within the period of time specified in this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71094

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Dec 15 1895
4. Place of Birth, (Street and Number) 143 S. Bethel St.
5. Full Name of Mother, Marie Hacey
6. Mother's Maiden Name, Ewering
7. Mother's Birthplace, Baltimore
8. Full Name of Father, Leonard Hacey
9. Father's Occupation Potter
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return Mary Stein

Address, 1427 E Pratt St.

Remarks,

8950008404

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] set forth earlier as the same can be ascertained. The [illegible] shall have been concerned in the birth of any child, if any shall have occurred, the full name of such child, the exact place of birth, and the [illegible] month, and shall set forth sex, color, the full name of the practitioner, or other person who shall be delivered, duly sworn to the office of the Commissioner of Health. In case the other person be in the [illegible] of such [illegible] said day of each and every month, or if shall become the duty of a physician or midwife, or other person or parents of such child, to make such return, or shall neglect or refuse to make such return within the period above recited, and shall occur without the [illegible] immediately thereon, in the manner and with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71095

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 15 day of december
4. *Place of Birth, (Street and Number)* 1205 Hare st
5. *Full Name of Mother,* Mrs Frank Pittwood
6. *Mother's Maiden Name,* Maggie Banner
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Mr. Morris Pittwood
9. *Father's Occupation* laborer
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs P. Liemann

Address, 1208 Hare st.

Remarks,

8950 0 0 8 4 0 5

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall be [illegible] of as the same can be ascertained the full name of each child (if any shall have been born living) its sex, color, the full name and occupation of its parents, the date and place of birth; and the third day of each and every month to the office or practitioner of midwifery, or should no other person be in attendance upon such birth to the Commissioner of Health, in manner and form as aforesaid, the parents of such child shall be delivered, duly signed by the practitioner of midwifery, or should no other person be in attendance upon such birth, by the parents of the person or persons in attendance, or the person or persons who shall have charge of such child, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon such birth, then the parents of such child shall immediately thereafter it shall become the duty of the person or persons who shall have charge of such child, to report such birth to the Commissioner of Health, in manner and form as aforesaid, and within the period above specified, and to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH.

71096

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) No of Cheldren 4

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)* Child white

3. *Date of Birth,* Borend the 15th of Dece 1895

4. *Place of Birth, (Street and Number)* Mill cop st No 1307

5. *Full Name of Mother,* E Lesabath Rosir

6. *Mother's Maiden Name,* E Lesabath. Echtole

7. *Mother's Birthplace,* six dricket Baltimor CO

8. *Full Name of Father,* Benton D Rosir

9. *Father's Occupation* Driver

10. *Father's Birthplace,* seventh Dricke. Baltimor CO

Name of Medical Attendant, or other person who makes this Return, Miss Wooden

Address, 1000 E Hoffman st.

Remarks,

months, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

8950008406

RETURN OF A BIRTH. 71097

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) VIII

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec. 15/95
4. Place of Birth, (Street and Number) 604 S. Forte Str.
5. Full Name of Mother, Maggie Jones
6. Mother's Maiden Name, Schacht
7. Mother's Birthplace, Balto.
8. Full Name of Father, Charles Jones
9. Father's Occupation Laborer
10. Father's Birthplace, Balto.

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough St.

Remarks,

8950008407

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] contains a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the date of each birth, the full name of each child, if any, shall have been conferred, the sex, color, the full name and occupation of the parents, the date of marriage between the first and said children, if any, the place of birth, the number of the house, if any, and the street, and shall be delivered, duly signed by the officer of the Commissioners of Health, or other person who shall become the duty of the person above required, and shall deliver to the mother, immediately thereof, a certificate of the birth, in the manner and with the forms of such attendance upon, or in the case of a midwife or other person who shall be required, and shall occur without the aid of a physician or practitioner in the form of birth. In case the birth of any child shall be born, the person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71098

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 9

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 15th Day of Dec.
4. *Place of Birth, (Street and Number)* 1111 Bennett
5. *Full Name of Mother,* Marguerite Trinity
6. *Mother's Maiden Name,* Cooney
7. *Mother's Birthplace,* New York
8. *Full Name of Father,* John M. Trinity
9. *Father's Occupation* Labourer
10. *Father's Birthplace,* Balto Md

Name of Medical Attendant, or other person who makes this Return, Mrs D. Liesemann.

Address, 1208 Hare St.

Remarks,

8950 0 0 4 0 8

Wm. J. C. Dulany Co., City Printers and Stationers.

Any person who shall be present at the birth of a child, and any person who shall be present at the birth of a child, if any shall have been conferred, shall be required to make a return of the same, and the place of birth; and the said school of each and every month to the office of the Commissioner of Health. In case the birth of any child shall have taken place without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, the Commissioner of Health, in the manner and within the period above required, and shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, the Commissioner of Health, in the manner and within the period above required, and shall be required to make a return of the same, and the place of birth; and the full name of each child born, and the full name and occupation of its parents, the certificate between the first and said school of each and every month to the office of the Commissioner of Health. In case the birth of any child shall have taken place without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, the Commissioner of Health, in the manner and within the period above required, and shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, the Commissioner of Health, in the manner and within the period above required, and shall be required to make a return of the same, and the place of birth; and the full name of each child born, and the full name and occupation of its parents, the certificate between the first and child to report, in writing, to the Commissioner of Health, in the manner and within the period above required, and any person or persons who shall hereafter violate any of the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71099

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, 16th Dec 1895
4. Place of Birth, (Street and Number) 208 E Barney St
5. Full Name of Mother, Maud Matthews
6. Mother's Maiden Name, Harding
7. Mother's Birthplace, Frederick Md
8. Full Name of Father, William Matthews
9. Father's Occupation Laborer
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return, Elizabeth Gerner

Address, 436 E First Ave

Remarks,

8 7 5 0 0 0 3 4 0 9

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] set forth as the same can be ascertained the full name of each child, (if any shall have been born living,) its sex, color, the full name, the date and place of birth, and the full name and occupation of its father, as the same may be set forth in a certificate between the parents of any child and the attendant, or other person, in the form of a certificate hereinbefore provided, and the third day of each and every month, the attendant or other person shall become and within the period above shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71100

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dec 16 — 1895
4. *Place of Birth, (Street and Number)* 16 S. Spring St.
5. *Full Name of Mother,* Maria Schuchmann
6. *Mother's Maiden Name,* Frech
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* Oscar Schuchmann
9. *Father's Occupation* Cigar Maker
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mary Stein

Address, 1427 E. Pratt St.

Remarks.

6 9 5 0 0 0 8 4 1 0

Health.—This Return shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth and the name of each child of the mother previously living, the date of the first and the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother immediately thereafter, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above specified, and any person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71101

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) First.

1. Sex, (state whether male or female) Male.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, December 16 - 1890.
4. Place of Birth, (Street and Number) 1207 Valley St.
5. Full Name of Mother, Annie B. Buhl,
6. Mother's Maiden Name, " " Brooks,
7. Mother's Birthplace. Baltimore Md.
8. Full Name of Father, Daniel B. Buhl,
9. Father's Occupation Railroad Employe
10. Father's Birthplace. Ave Cumberland, Pa.

Name of Medical Attendant, or other person who makes this Return. J. F. Hempel M. D.,

Address, 1103 Valley St.

Remarks.

8950003411

Rules. Upon sale date shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any) shall have been conferred), the sex, color, date of birth, place of birth (street and number), the full name of each and every mother delivered, duly signed by the practitioner in the form of a certificate, specifying the first and said schedule shall be delivered to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, the Commissioner of Health, in the manner and with the provisions of this section shall be required to report the birth to the Commissioner of Health, and with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71102

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) III

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec. 16/95
4. *Place of Birth, (Street and Number)* 2300 Eastern Ave.
5. *Full Name of Mother,* Helena Rauh
6. *Mother's Maiden Name,* " Hawickhorst
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Joseph Rauh
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mrs. Deisenhofer

Address, 2225 Gough St.

Remarks,

8 Y 5 U 0 0 3 4 1 2

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the name can be ascertained the full name of each child, (if any shall have been born) the sex, the race or color, the full name and occupation of the parents, the date and place of birth; and the place of birth shall be delivered, duly signed by the attending physician or midwife, or by the father, or other person in the form of a certificate to the Office of the Commissioner of Health. No child no other person be in attendance upon the mother at the time of the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, and the father of such child is required immediately thereafter, in the manner and within the period above recited, to be subject to the provisions of this section, and if such attendant shall fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71103

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) V

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec. 16/95
4. *Place of Birth, (Street and Number)* 2201 Griffins Court
5. *Full Name of Mother,* Augusta Karl
6. *Mother's Maiden Name,* " Bottler
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Karl
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return, Mrs. Deisenhofer

Address, 2225 Gough St.

Remarks,

8950008413

Wm. J. C. Dulany Co., City Printers and Stationers.

[illegible] shall have [illegible] which have occurred under his or her care during the month, and shall set forth under oath the full name and occupation of the parents, the date and place of birth; and the sex, color, the full name and occupation of the parents of each child; (if any shall have been born dead) the date and place of death, and the cause thereof, a certificate whereof shall be given on the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in the manner and within the period above prescribed, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71104

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth.* Dec 16, 1895
4. *Place of Birth, (Street and Number)* 628 Aisquith
5. *Full Name of Mother.* Sadie G. Mauchel
6. *Mother's Maiden Name,* Fry
7. *Mother's Birthplace.* Pennsylvania
8. *Full Name of Father,* Joseph Mauchel
9. *Father's Occupation* Barber
10. *Father's Birthplace,* Pennsylvania

Name of Medical Attendant, or other person who makes this Return, J. H. Crouch M.D.

Address, 1001 Aisquith St.

Remarks.

8 9 5 0 0 0 8 4 1 4

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This Form is to be used in all cases of the birth of a child, which shall have occurred in any family in Baltimore City, within one month, and shall set forth as far as the same can be ascertained, the full name of each child, if any, shall have been given, the sex, color, and whether it was second, third, or other child born to its parents, the date and place of birth, and the full name and occupation of its parents, the date and place of birth, and the maiden name of the mother; which said schedule shall be delivered, duly sworn to, or affirmed, in the form of a certificate, between the first and third day of each and every month to the office of the Commissioner of Health. In case of the birth of any child shall occur without the attendance of a physician or practicioner of midwifery, or should no other person be called to report, it shall be the duty of the Commissioner of Health, in the manner and within the period above required, and under the penalty of ten dollars for each offence, to report the birth, and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71105

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 6 - 95.
4. *Place of Birth, (Street and Number)* 1217 Greenmount Av.
5. *Full Name of Mother,* Christina Miller
6. *Mother's Maiden Name,* " Hooter
7. *Mother's Birthplace,* Balto.
8. *Full Name of Father,* Geo C. Miller
9. *Father's Occupation* Barber.
10. *Father's Birthplace,* Washington D.C.

Name of Medical Attendant, or other person who makes this Return, W B Ro[illegible] M.D.

Address,

Remarks,

6750008415

Wm. J. C. Dulany Co., City Printers and Stationers.

month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been born alive,) the name and occupation of its parents, the date and place of birth, and the sex and color of the child; which said certificate shall be delivered duly signed to the office of the Commissioner of Health. If any such certificate between the first and third day of each and every month to the office of the Commissioner of Health, shall be signed by the person who shall officiate as attendant upon the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report the birth to the Commissioner of Health, in manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section, shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71106

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 5th.

1. Sex, (state whether male or femate) Female.
2. Race or Color, (if not of the white race) White.
3. Date of Birth, December 16th.
4. Place of Birth, (Street and Number) No. 826 Columbia Ave.
5. Full Name of Mother, Annetta Hower.
6. Mother's Maiden Name, Thomas.
7. Mother's Birthplace. Balto City.
8. Futt Name of Father, George Hower.
9. Father's Occupation. Contractor.
10. Father's Birthplace, Balto City.

Name of Medical Attendant, or other person who makes this Return. [signature]

Address, No 721 Columbia Ave

Remarks,

8950008416

month, and shall set forth as far as the same can be ascertained the full name of each child, if any shall have been born, the date of birth, the full name and occupation of its parents, the date and place of marriage of the first and last, and whether shall be delivered, duly signed by the practitioner in the form of a certificate, within twenty-four hours after the birth of any child, and every month to the office of the commissioner of health. In case the birth of any child, shall occur without the attendance of a practitioner of midwifery, or should no other person be in attendance, it shall be the duty of the mother, or in case she be unable, the person in charge of such child, to report the birth to the Commissioner of Health, in the manner herein provided, under penalty of ten dollars for each offence; to be recovered as other fines and forfeitures are recoverable. In case the birth of any child, if any shall have been born, the date of birth, the full name and place of birth, the first and last name of the mother, and whether shall be delivered, duly signed by the practitioner in the form of a certificate, within twenty-four hours after the birth of any child. In case the birth of any child, shall occur without the attendance of a practitioner of midwifery, or should no other person be in attendance, it shall be the duty of the person or parents of such child, to report the birth to the Commissioner of Health, in the manner herein provided, under penalty of ten dollars for each offence; to be recovered as other fines and forfeitures are recoverable. Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence; to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71107

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 1st 1895
4. Place of Birth, (Street and Number) 10 N. Frederick St.
5. Full Name of Mother, Clara Gruss
6. Mother's Maiden Name, " "
7. Mother's Birthplace, U. S. A.
8. Full Name of Father, —
9. Father's Occupation, —
10. Father's Birthplace, —

Name of Medical Attendant, or other person who makes this Return. J. S. Spaino

Address, 4 S. Exeter St.

Remarks, Child Illegitimate

8950 08417

register of such births, and shall enter the same on a blank schedule, to be furnished by the Commissioner of Health. This schedule shall be so ruled as to show the number of the births which have occurred under his jurisdiction, and shall have space for as the same can be ascertained the full name of each child, the date of birth, and the month, which shall be delivered, duly signed, to the Commissioner of Health. In case the birth of any child shall have inferred its sex, color, the full name and occupation of the father of such child, and the place of birth, in the form of a certificate between the first and third day of each month, to the Commissioner of Health, which certificate shall be in said schedule shall be delivered, duly signed, to the Commissioner of Health. In case the birth of any child shall have occurred without the attendance of a physician or practitioner of midwifery, the person or parents of such child shall have upon the mother, immediately thereafter, had become and within the period above required, and shall be responsible for the same, and shall furnish the information required in the case of a living child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offense, to be recovered as other fines and forfeitures are recoverable

WM. J. O. SULLANY CO. CITY PRINTERS AND STATIONERS.

RETURN OF A BIRTH. 7 PA 08

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 17 1895
4. *Place of Birth, (Street and Number)* Castle st 617
5. *Full Name of Mother,* Mary Brosz
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohaimen
8. *Full Name of Father,* Frank Brosz
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Bohaimen

Name of Medical Attendant, or other person who makes this Return, Mary Shapiro

Address, Washington st 1205

Remarks,

8950008418

Health.—This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall be sworn to by the attendant, or other person who makes the return, and the same can be ascertained the full name of each child, (if any, shall have been entered) its sex, color, the full name and occupation of its parents, the date and place of birth, and the number of the house in which the mother of such child resides, or in which such birth occurred, and said schedule shall be delivered, duly signed by the practitioner in charge, or other person, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance, then the mother, immediately thereafter, it shall become the duty of the person or parents of such third day of each and every month to be sworn to the truth of the same, and shall have power to administer the oath or affirmation, and shall have power to compel such attendance upon the mother of such child, in the manner and with the same penalties as in other cases, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71109

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4

1. *Sex, (state whether male or female)* Girl
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 17 1895
4. *Place of Birth, (Street and Number)* 222 Washington st
5. *Full Name of Mother,* Margaret Polk
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Germany
8. *Full Name of Father,* John Polk
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Germany

Name of Medical Attendant, or other person who makes this Return. Mary Koppitz

Address, N Washington st 205

Remarks,

8250008419

Wm. C. Dulany Co., City Printers and Stationers.

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the full name and place of residence of its parents, the date and place of birth, and the number of each child born of the mother, and shall be signed by the practitioner in the form of a certificate to the birth of any child said schedule shall be delivered, or sent by mail, on or before the 5th day of each month, to the office of the Commissioner of Health, or should no other person be in attendance upon the mother, immediately the Health, in the manner and within the period above prescribed, such attendance upon the mother, immediately the Health, in the manner and within the period above prescribed, such attendant or person who shall have charge of any such schedule, or who shall be required to report a child to report its birth to the Commissioner of Health, in the manner and within the period above prescribed, such attendant or person who shall have charge of any such schedule, or who shall be required to report a child to report its birth to the Commissioner hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71110

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6

1. *Sex, (state whether male or female)* Boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 17 1895
4. *Place of Birth, (Street and Number)* Altoona st 1626
5. *Full Name of Mother,* Mary Zajic
6. *Mother's Maiden Name,*
7. *Mother's Birthplace,* Bohemen
8. *Full Name of Father,* Frank Zajic
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Bohemen

Name of Medical Attendant, or other person who makes this Return, Mary Kaptur

Address, N Washington st 205

Remarks,

8 9 5 0 0 0 3 4 2 0

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as ascertained the full name of each child, if any, shall have been conferred, the sex, color, place of birth, the date and place of marriage of the parents, the date of birth, full name and occupation of its parents, the date and place of marriage of the parents, the number of children of the mother, including the first and last children, shall be delivered duly signed by the practitioner to the Board of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person be in attendance upon the mother, the person who shall be required to make the return shall be the third day of each and every month to the office of the commissioner of midwifery, or should no other person be in attendance upon the mother, the person who shall be required to make the return shall be the third day of each and every month to the office of the Commissioner of Health, in the manner and with the provisions of this section shall be authority to call upon such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Over

RETURN OF A BIRTH. 71111

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Male

1. Sex, (state whether male or female) B. d.
2. Race or Color, (if not of the white race) white
3. Date of Birth. 17 Dec.
4. Place of Birth, (Street and Number) 1012 E. Madison St.
5. Full Name of Mother, Mattie (McAuliffe) McAuliffe
6. Mother's Maiden Name, Mc. Doran
7. Mother's Birthplace, Ireland
8. Full Name of Father, Cornelius (McAuliffe) McAuliffe
9. Father's Occupation Laborer.
10. Father's Birthplace, Ireland

Name of Medical Attendant, or other person who makes this Return, Mrs. J. Smith Midwife

Address, 1012 E. Eager St.

Remarks, Name of Child: Michael Joseph McAuliffe

8 7 5 0 0 0 0 4 2 1

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child (if any have been conferred), the sex, color, date of birth, place of birth (street and number), the full name and occupation of its parents, the date and place of marriage of the parents, the name and residence of the person or persons who shall have been present at the birth, and the name and residence of the attending physician or midwife, or should no other person be present, then the name and residence of the person who covered the birth. In case the birth of any child shall occur without the attendance of a physician or midwife, the person who covered such birth shall immediately thereafter it shall become the duty of the person above required, and attendance upon such birth to the Commissioner of Health, in the manner and within the period above required, and which covers the birth, to comply with the provisions of this section shall be subject to a penalty of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable. Any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71112

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 17 1895
4. Place of Birth, (Street and Number) 2016 Hoffman St
5. Full Name of Mother, Mrs Clara Fenwick Bailey
6. Mother's Maiden Name, "
7. Mother's Birthplace, Md
8. Full Name of Father, Martin Bailey
9. Father's Occupation Driver
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return. L. B. Allnich

Address, Union Sq

Remarks. 8950008422

This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth the name, if any, the sex, the color, the full name and occupation of the father, the full name and maiden name of the mother, the place of birth; and the date of birth, and the name and residence of the attendant, if any, who shall have been employed to assist at the birth; and shall be delivered, duly signed by the attendant, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or the person or parents of such third day of each and every month to a physician or practitioner of midwifery, or the person or parents of such child shall be delivered, duly signed by the attendant, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or the person or parents of such child, it shall be the duty of the person or parents of such child to report such birth to the Commissioner of Health, and within the period above required, and shall immediately thereafter it shall become the duty of such person or parents to comply with the provisions of this section. Shall be liable, any such person or persons who shall herein fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as the full name and occupation of the father of each child, if any shall have been conferred, the full name and occupation of the mother, the date of birth, and the place of birth; and the said schedule shall be delivered, duly signed by the physician, midwife, or other person required, on the last day of each and every month to the physician or practioner of midwifery, or the person or parents of such child to whom such schedule shall have been delivered, to be by him or her, or by them, immediately thereafter, if shall become and shall occur without the attendance of any physician or practioner of midwifery, within the period above required, and attendance upon the mother, or the parents of such child, to deliver the same, duly signed, to the Commissioner of Health, to comply with the provisions of this section, which shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71113

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd "

1. Sex, (state whether male or female) Girl
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 17
4. Place of Birth, (Street and Number) 1635 Bennett St
5. Full Name of Mother, Mrs Emma Fairbanks Turner
6. Mother's Maiden Name, " "
7. Mother's Birthplace, Md
8. Full Name of Father, Chas Turner
9. Father's Occupation Stair builder
10. Father's Birthplace, Md

Name of Medical Attendant, or other person who makes this Return, E. E. Ullrich

Address, Union Sq

Remarks,

8 9 5 0 0 0 8 4 2 3

Wm. J. C. Dulany Co., City Printers and Stationers.

register of births, who shall constitute a list of the births which have occurred under his or her care during the month, and shall set forth in such return, in the order in which they occurred, the full name of each child, if any shall have been given, the sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health, in case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the mother, immediately thereafter, it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above recited, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71114

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fourth

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 17th 1895.
4. Place of Birth, (Street and Number) S.E. Cor. Chur & Bond Sts.
5. Full Name of Mother, Margaret E. Kurtle
6. Mother's Maiden Name, Schulz
7. Mother's Birthplace, Balto
8. Full Name of Father, Thomas J. Kurtle
9. Father's Occupation Provision Dealer
10. Father's Birthplace, Bohemia

Name of Medical Attendant, or other person who makes this Return, S. A. Sylmer M.D.

Address, 1501 W. Pratt St

Remarks,

8 9 5 0 0 0 3 4 2 4

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71115

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth.* 17 December 95
4. *Place of Birth, (Street and Number)* 909 N Durham St
5. *Full Name of Mother,* Mary Maroushek
6. *Mother's Maiden Name,* Mary Conrad
7. *Mother's Birthplace,* Balto Md
8. *Full Name of Father,* Frank Maroushek
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Bohemia

Name of Medical Attendant, or other person who makes this Return, Josephian Conrad

Address, 1621 Barnes St Balto Md

Remarks. Midwife very sick cold Nort Send sooner

8 9 5 8 5 8 8 4 2 5

City Printers and Stationers.

CITY HALL ROWEL 2-11-55

RETURN OF A BIRTH. 71116

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Elsie Vogel Lytle

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 13th 95.
4. Place of Birth, (Street and Number) 1636 E. Eager st.
5. Full Name of Mother, Annie Lytle
6. Mother's Maiden Name, Annie Edel
7. Mother's Birthplace, Balto. Md
8. Full Name of Father, George Lytle
9. Father's Occupation Clerk
10. Father's Birthplace, Balto. Md

Name of Medical Attendant, or other person who makes this Return, Charles H. A. Meyer M.D.

Address, 1019 N. Broadway st.

Remarks.

1895000 8426

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health, and shall set forth as far as the same can be ascertained, the full name of every child born within his or her care (including those born dead, or whose birth has been concealed) its sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly filled and signed by the attendant or other person who shall have been concerned in the attendance of a physician or practitioner in the form of a certificate between the first and third day of each and every month, to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, it shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and attendance upon the mother, immediately thereafter, shall be the duty of the person who shall have been in attendance upon such mother, or of the parents of such child, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71117

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Second

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race)
3. Date of Birth, Dec 18 - 95
4. Place of Birth, (Street and Number) 1526 N Washington
5. Full Name of Mother, Mary E. Boulden
6. Mother's Maiden Name, Myers
7. Mother's Birthplace, Balto
8. Full Name of Father, George Boulden
9. Father's Occupation Cigarmaker
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Mary A. Allwell

Address, 1438 N Bond St

Remarks,

month, and shall set forth as far as the same can be ascertained, the date and place of birth, and the name, sex, color, the full name and occupation of its parents, the date and place of birth, and the age of each of the parents, and the number of any child born of such parents, and shall be delivered, duly signed, to the Commissioner of Health. To ease the birth person be in said schedule, or shall be found in the house or premises, or the person or parents of such child, or the mother or nurse or other person in charge of such child, or the person or persons who shall become the duty of the person or persons of such third door without the attendance of a physician or practitioner, shall within the period above required, and attendance upon the mother or child, shall immediately thereafter, to the manner and with the provisions of this section, shall be subject to report to the Commissioner of Health, to be recovered as other fines and forfeitures are recoverable. child to report to the Commissioner of Health, or shall fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8 7 5 U 0 0 3 4 2 7

Wm. J. C. Dulaney Co., City Printers and Stationers.

RETURN OF A BIRTH. 71118

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Forth

1. Sex, (state whether male or female) male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 18th 1895 St
4. Place of Birth, (Street and Number) 1348 Woodyear
5. Full Name of Mother, Mary E. Rogers
6. Mother's Maiden Name, Mary E Lynch
7. Mother's Birthplace, Baltimore
8. Full Name of Father, John T Rogers
9. Father's Occupation Furniture Finisher
10. Father's Birthplace, Baltimore

Name of Medical Attendant, or other person who makes this Return Mrs Annie O'Brien

Address, 902 greenmount ave

Remarks,

8950 00 0 4 2 8

Wm. J. C. Dulany Co., City Printers and Stationers.

Rule 1. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same are ascertained the full name of each child, if any, shall have been entered, its sex, color, the date and place of birth, and the name, age, and occupation of the parents, and shall be signed by the physician or person who shall have been in attendance at the birth, and shall be delivered or mailed to the office of the Commissioner of Health. A blank form of a certificate for the birth of any child shall accompany the schedule, and shall be signed by the mother, or other person in charge of the person or persons in her or their place, and third day of each and every month thereafter. It shall become and within the period of two days after the birth, and shall occur within the month, immediately following, the physician or person in charge of such schedule shall deliver or mail the same to the office of the Commissioner of Health, in accordance with the provisions of this section shall be subject to the fine of ten dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71119

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4 Child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 18 Dec 1895
4. Place of Birth, (Street and Number) 129 Hanover St
5. Full Name of Mother, Mary Murray
6. Mother's Maiden Name, Mc Cormick
7. Mother's Birthplace, Balto
8. Full Name of Father, George T. Murray
9. Father's Occupation Bar Tender
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Jas E. A. Brooks

Address, 1828 Light St

Remarks, Dying well

1 8 9 5 0 0 0 8 4 2 9

Health. This blank set forth as far as the same can be ascertained, the full name of each child, if any shall have been born within the month, the sex, color, the full name and occupation of the father of each child, and the place of birth; and the month, and every month, the sexton or other person in charge of a certificate between the first and third day of each and every month, of a physician or practiconer of midwifery, or should no other person be in attendance upon the mother, immediately hereafter it shall become the duty of the parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall be found to fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71420

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.)

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 18/1895.
4. Place of Birth, (Street and Number) 2428 Foster Ave
5. Full Name of Mother, Barbra Kraft
6. Mother's Maiden Name, Barbra Smith.
7. Mother's Birthplace, Balto
8. Full Name of Father, Jacob Kraft
9. Father's Occupation Labor
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mary I Swayne

Address, 824 Carlton St

Remarks,

8 9 5 0 0 0 8 4 3 0

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any, the date of birth, and the sex, color, the full name and occupation of its parents, the date and place of marriage of the parents, the number of children born to the mother, including the last child, and the number of children now living, and such other information as may be required by the Board of Health. In case the birth of any child shall occur without the attendance of a physician or midwifery, or should no other person or persons be in attendance upon the mother, immediately after the birth, the person in whose charge or service such attendant is, shall report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH.

71121

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 18th 1895
4. Place of Birth, (Street and Number) 516 Luzerne St
5. Full Name of Mother, Frances Aman
6. Mother's Maiden Name, Frances Riddle
7. Mother's Birthplace, Baltimore Md
8. Full Name of Father, Charles Aman
9. Father's Occupation, Laboring
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Mary Engelhart

Address, 1726 Eastern Ave Balto Md

Remarks,

8950000431

[illegible] schedule [illegible] month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71122

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) Colored
3. Date of Birth, Dec 18th. 1895
4. Place of Birth, (Street and Number) 570 Biddle alley.
5. Full Name of Mother, Mollie Taylor
6. Mother's Maiden Name, Mollie Stuart
7. Mother's Birthplace, Balto -
8. Full Name of Father, William Taylor.
9. Father's Occupation Porter
10. Father's Birthplace, Balto

Name of Medical Attendant or other person who makes this Return, T. H. Brown. A.B.M.D.

Address, Gen'l Hospital

Remarks,

B 7 5 0 0 0 0 4 3 2

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth the full name and occupation of the mother, the date and place of birth, and the sex and color of each child, if any shall have been born, the name can be ascertained; the full name and occupation of the father, and the place of birth, and the third day of each and every month to the Commissioner of Health. No child born in Baltimore City shall be delivered, duly signed by the attendant, or other person who shall have charge of the person or parents of such child, or persons who shall hereafter be appointed by the Commissioner of Health, to be a sufficient certificate of such birth, and shall be forwarded immediately thereafter. It shall become and within the period above fixed, shall be subject to the duty of each and every person who shall hereafter fail to comply with the provisions of this section, shall be subject to the duty of each and every person who shall hereafter fail to comply with the provisions of this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71123

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (*state whether* 1*st*, ~~2d, 3d, &c.~~) _____

1. *Sex*, (*state whether male or female*) male
2. *Race or Color*, (*if not of the white race*) White
3. *Date of Birth*, Dec 18 th 1895
4. *Place of Birth*, (*Street and Number*) 217 N. Gilmor St
5. *Full Name of Mother*, Hanna Schmidt
6. *Mother's Maiden Name*, Kaiser
7. *Mother's Birthplace*, Baltimore Md
8. *Full Name of Father*, Charles Schmidt
9. *Father's Occupation* Livery-Stable Keeper
10. *Father's Birthplace*, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, Jos. C. Wunder

Address, 1075 W. Baltimore St

Remarks, L. C. I. A.

EV5U00433

Wm. J. C. Dulany Co., City Printers and Stationers.

Blank to be signed and returned, shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, if any, and the parents, if any, the sex, color, the full name and occupation of its parents, the date of birth, and the number (if any) of the house in which the birth occurred, the form of certificate between the first and third day of each and every month to the physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons so shall occur without the attendance of a physician or practioner of midwifery, to report its birth to the Commissioner of Health, in the manner and within the period above required, and such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for such offence, to be recovered as other fines and forfeitures are recoverable.

register of each birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been entered, his sex, the full names and occupation of its father, the date and place of birth, and the full name, age and occupation of its mother, and shall be forwarded to the office of the Commissioner of Health, on the third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter, it shall become the duty of the person or persons of such family, or household, in which such birth shall occur, to give notice of the same to the Registrar, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71124

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, December 18th 1895
4. Place of Birth, (Street and Number) 6 N. Schroeder St
5. Full Name of Mother, William Blanch Debrick
6. Mother's Maiden Name, " " Holmes
7. Mother's Birthplace, Edgewood Harford Co. Md.
8. Full Name of Father, John George Debrick
9. Father's Occupation Janitor
10. Father's Birthplace, Baltimore Md

Name of Medical Attendant, or other person who makes this Return, M A Ledley

Address, 1004 W Lexington St

Remarks,

8 7 5 0 0 0 8 4 3 4

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71125

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd

1. *Sex, (state whether male or female)* female

2. *Race or Color, (if not of the white race)* W

3. *Date of Birth,* Dec 18th 1895

4. *Place of Birth, (Street and Number)* 2835 O Donnell

5. *Full Name of Mother,* Mary E Liembach

6. *Mother's Maiden Name,* Mary E Murphy

7. *Mother's Birthplace,* Balto Md

8. *Full Name of Father,* William Liembach Jr

9. *Father's Occupation,* Grocer

10. *Father's Birthplace,* Balto. Md

Name of Medical Attendant, or other person who makes this Return, Anna Kubeck Midwife

2838 Elliott st E Balto

Address,

Remarks,

8950003435

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth: and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health, which shall set forth as far as the same can be ascertained the full name of each child (if any shall have been born) and such other information as the Commissioner of Health, in the manner and when required, and said schedule shall be delivered, duly signed by the attendant, to the parents, the date and place of birth and the third day of each and every month to the office of the Commissioner of Health. In case of the birth of a child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance, the parents of such child shall report the birth to the Commissioner of Health, in the manner and within the period required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall for each offence, forfeit to the use of the City of Baltimore, for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71126

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* male
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 549 Union street
4. *Place of Birth, (Street and Number)* December 18th 1895.
5. *Full Name of Mother,* Katie Hess
6. *Mother's Maiden Name,* K. Kiener
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Frederick Hess
9. *Father's Occupation* paper hanger
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return, Mearie C. Thalwitzer M. D.

Address, 725 Mulberry ste

Remarks,

B 7500 0 0 3 4 3 6

Wm. J. C. Dulany Co., City Printers and Stationers

Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, with the date of birth, the name and place of residence of the parents, the date of birth, the full name and sex, color, the full name and occupation of its parents, the date of marriage, the number of the child, the time between the first and each subsequent child, and the name and residence of the physician or midwife, if any, present at the birth. In case the birth of any child shall occur without the attendance of a physician or midwife, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person above required, and any such person or persons who shall neglect or refuse to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71 127

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 7

1. *Sex, (state whether male or female)* boy
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth.* 18 December 1895
4. *Place of Birth. (Street and Number)* 806 Chapel st
5. *Full Name of Mother,* Annie Rainsfeller
6. *Mother's Maiden Name,* Annie Vinkam
7. *Mother's Birthplace.* Baltimore
8. *Full Name of Father.* Frank Rainsfeller
9. *Father's Occupation*
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Luise Sutera

Address. 1011 Durham st

Remarks.

6 7 5 0 0 0 3 4 3 7

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71128

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1st.

1. Sex, (state whether male or female) ~~With~~ Boy
2. Race or Color, (if not of the white race) With
3. Date of Birth. 18 Dezember 1895
4. Place of Birth, (Street and Number) 130 N. Washington Str
5. Full Name of Mother, Benetta Cordich
6. Mother's Maiden Name. Benetta Magill
7. Mother's Birthplace. Baltimore
8. Full Name of Father, J. M. Cordich
9. Father's Occupation. Printer
10. Father's Birthplace. Baltimore

Name of Medical Attendant, or other person who makes this Return, Mrs. L. Kron Midwife

Address, 1922 E. Fayette Str

Remarks.

18950 00436

Wm. J. C. Dulany Co., City Printers and Stationers.

Note. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been born alive,) the date and place of birth, the full name and residence of its parents, the date and place of the first and second marriage of each parent, the number of children of each parent, the number of the first and conferred) its sex, color, the full name of its father, and the place of his residence. The birth of any child by the practitioner in the form of a certificate, in lieu of such schedule, shall be considered a compliance with the provisions of this section. The schedule so required to be made shall be delivered, with or without the certificate, to the Commissioner of Health, or to such officer or agent as he may appoint, on the third day of each month, and the attendance of a physician or practitioner at a birth shall become the duty of the person or persons required to report such birth to the Commissioner of Health, in the manner and within the time prescribed by this section, and shall occur upon the mother, immediately before the birth, in the manner and within the time prescribed by this section, shall be the duty of the person or persons required to report such birth to the Commissioner of Health, in the manner and within the time prescribed by this section, shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71129

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Third

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 15, 1895
4. Place of Birth, (Street and Number) 1831 N. Broadway
5. Full Name of Mother, Margaret S. Jacobs
6. Mother's Maiden Name, Stevenson
7. Mother's Birthplace. Balto
8. Full Name of Father, Robert Frances Jacobs
9. Father's Occupation Printer
10. Father's Birthplace. New York

Name of Medical Attendant, or other person who makes this Return, [illegible] M.D.

Address, 1051 Arsenal Ave

Remarks,

1895000 8439

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71130

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2 child

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) White
3. Date of Birth, 19 Dec 1876
4. Place of Birth, (Street and Number) 1799 Gay St
5. Full Name of Mother, Isabella Grafflin
6. Mother's Maiden Name, " Grafflin
7. Mother's Birthplace, Balto
8. Full Name of Father, James E. Cook
9. Father's Occupation Brakeman B. & O. R. R.
10. Father's Birthplace, Carroll Co

Name of Medical Attendant, or other person who makes this Return, Chas E. R. Woods

Address, # 1828 Eight St

Remarks, Doing well

1 8 9 5 0 0 0 3 4 4 0

Wm. J. C. Dulany Co., City Printers and Stationers.

NOTE. This schedule shall contain a list of the births which have occurred under his or her care during the month next preceding, with such particulars as shall be required by the Board of Health; and the same can be ascertained, the full name of each child, (if any shall have been given), the sex, color, the full name and occupation of the parents, the date and place of birth; and the said schedule shall be delivered, duly signed, to the office of the Commissioner of Health. In case no other person be in attendance, the midwife or nurse shall be the person to make the return. It shall be the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 7131

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 1

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)*
3. *Date of Birth,* Dec 19 '95
4. *Place of Birth, (Street and Number)* 1705 Guilford Ave
5. *Full Name of Mother,* Mattie Childs
6. *Mother's Maiden Name,* nee Critzer
7. *Mother's Birthplace,* Virginia
8. *Full Name of Father,* Theodore Childs
9. *Father's Occupation* Laborer
10. *Father's Birthplace,* Virginia

Name of Medical Attendant, or other person who makes this Return, Caroline Miller

Address, 1605 Walker St.

Remarks,

Section 1. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any, shall have been conferred,) its sex, the name and occupation of its parents, the date and place of birth; and the total number of children delivered, duly signed by the practitioner in the form of a certificate to wit: "I, ..., hereby certify that the number of births or stillbirths or miscarriages, including the birth of any child born alive, which I have delivered, during the month of ..., 18..., in the practice of midwifery, or should no other person be in attendance upon the mother, immediately to the office of the Commissioner of Health, in the manner and within the time prescribed by the rules and regulations of said Board of Health, and in default thereof, or if any person other than a physician or midwife shall fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars, for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH.

71132

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 3rd

1. Sex, (state whether male or female) Female
2. Race or Color, (if not of the white race) white
3. Date of Birth, December 19th
4. Place of Birth, (Street and Number) Stockton St 1336
5. Full Name of Mother, Mrs James Lyng
6. Mother's Maiden Name, Ellen Carberry
7. Mother's Birthplace, County Wexford Ireland
8. Full Name of Father, James Lyng
9. Father's Occupation Coachman
10. Father's Birthplace, County Kilkenny, Ireland

Name of Medical Attendant, or other person who makes this Return, Sarah E. Dat

Address, 612 Collett St

Remarks,

[illegible] Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

8950008442

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71133

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 8 Child

1. *Sex, (state whether male or female)* a boy
2. *Race or Color, (if not of the white race)* white
3. *Date of Birth,* 19. December 1895
4. *Place of Birth, (Street and Number)* Number 2 67 E Fayette St
5. *Full Name of Mother,* Lena Ann Fahrney
6. *Mother's Maiden Name,* Lena A Frank
7. *Mother's Birthplace,* Baltimore
8. *Full Name of Father,* Oliver Malachus Fahrney
9. *Father's Occupation* P P B Railroad Police
10. *Father's Birthplace,* Baltimore

Name of Medical Attendant, or other person who makes this Return. Mrs Magness

Address, 2805 E fayette St

Remarks,

8950008443

Wm. J. C. Dulany Co., City Printers and Stationers

Regard of each birth shall cover the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained, the full name of each child, the date of birth, the place of birth, the name and occupation of the parents, the full name of the physician or midwife who has been connected with the case, and such other particulars as may be required by the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practitioner of midwifery, or should no other person be in attendance upon the mother, immediately after the birth of such child, it shall be the duty of the person in charge of the case to report to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71134

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Given Name - Margaret

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* Dec 19 1893
4. *Place of Birth, (Street and Number)* 2303 Foster Ave.
5. *Full Name of Mother,* Kate Hollman
6. *Mother's Maiden Name,* Kate Iess.
7. *Mother's Birthplace,* Balto
8. *Full Name of Father,* Charles Hollman
9. *Father's Occupation* Labor
10. *Father's Birthplace,* Balto

Name of Medical Attendant, or other person who makes this Return, Mary L Swayne

Address, 824 Gaulor St.

Remarks. GIVEN NAME ADDED 8-19-53

B 7 5 0 0 0 8 4 4 4

Wm. J. C. Dulany Co., City Printers and Stationers

RETURN OF A BIRTH. 71135

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) Fifth

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race)
3. Date of Birth, Dec 19 - 95
4. Place of Birth, (Street and Number) 2002 E Federal
5. Full Name of Mother, Carrie M. Geller
6. Mother's Maiden Name, " " Brady
7. Mother's Birthplace, Balty
8. Full Name of Father, Wm L. Geller
9. Father's Occupation Carpenter
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mrs Mary A. Allwell

Address, 1438 N Bond St

Remarks,

B 4 5 0 0 0 8 4 4 5

Wm. J. C. Dulany Co., City Printers and Stationers.

This schedule shall contain a list of the births which have occurred under his or her care during the preceding month, and shall set forth as far as the same can be ascertained, the full name of each child, (if any shall have been conferred) its sex, color, the date and place of birth, and the full name, age and occupation of its parents, the date and place of their marriage, and shall be signed, duly signed by the practitioner in the form of a certificate, to the effect that the birth of any child said schedule shall be delivered, or transmitted by mail, to the office of the Commissioner of Health, and every month to the office of the Commissioner of Medicolegal, or should no other person be in attendance upon the mother, the Commissioner of Health, or his or her assistant, shall be notified of such birth, and shall occur without the attendance of a physician, or practitioner of midwifery, or should no other person be in attendance upon the mother, Commissioner of Health, in the manner and within the time specified, shall become the duty of the person or parents of such child to report to the Commissioner of Health, or his or her assistant, the birth of such child. Any person who shall hereafter fail to comply with the provisions of this section shall be subject to the fine of ten (10) dollars for each offence, to be recovered, as other fines and forfeitures are recoverable.

RETURN OF A BIRTH. 71136

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 4th

1. Sex, (state whether male or female) Male

2. Race or Color, (if not of the white race) Wht.

3. Date of Birth, Dec. 19/95

4. Place of Birth, (Street and Number) 1707 N. Mount St.

5. Full Name of Mother, Mrs Cornelius Cremen

6. Mother's Maiden Name, Emily Kelly

7. Mother's Birthplace, Balto. Md.

8. Full Name of Father, Cornelius Cremen

9. Father's Occupation Motorman

10. Father's Birthplace, Balto Md.

Name of Medical Attendant, or other person who makes this Return, E. A. Smith M.D.

Address, 2505 Penna. Av.

Remarks,

8950 [illegible] 03446

Baltimore under whose charge or superintendence a birth shall hereafter take place, shall keep a register of such birth, and shall enter the same on blank schedule, to be furnished by the Commissioner of Health. This schedule shall contain a list of the births which have occurred under his or her care during the month, and shall set forth as far as the same can be ascertained the full name of each child, (if any shall have been conferred) its sex, color, the full name and occupation of its parents, the date and place of birth; and the said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71137

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 12

1. Sex, (state whether male or female) Male
2. Race or Color, (if not of the white race) White
3. Date of Birth, Dec 14, 1893
4. Place of Birth, (Street and Number) 723 Luzerne St
5. Full Name of Mother, Kate Gessner
6. Mother's Maiden Name, Kate Gesch
7. Mother's Birthplace, Balto
8. Full Name of Father, Joseph Gessner.
9. Father's Occupation Laborer
10. Father's Birthplace, Balto

Name of Medical Attendant, or other person who makes this Return, Mary L Swayne

Address, 824 Canton St

Remarks,

8950003447

month, and shall set forth as far as the same can be ascertained the full name of each child, if any, shall have been conferred; its sex, color, the full name and occupation of its parents, the date of birth, and the place of birth, which said schedule shall be delivered, duly signed by the attendant or other person who shall make the return, to the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance, then the mother, immediately thereafter, it shall become the duty of the person required, and the mother, if able, to report its birth to the Commissioner of Health, in manner and within the period above required, and any such person or persons who shall neglect or fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C. Dulany Co., City Printers and Stationers

CERTIFICATE AMENDED

Film #490 12/19/23 aw

RETURN OF A BIRTH.

71138

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

Name. Beatrice Matilda ~~Moore~~

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) first

1. Sex, (state whether male or female) Female

2. Race or Color, (if not of the white race) Colored.

3. Date of Birth, 19th of December

4. Place of Birth, (Street and Number) 543 N. West Street

5. Full Name of Mother, Julia A. Moore

6. Mother's Maiden Name, Julia A. Seldon.

7. Mother's Birthplace, Baltimore Md.

8. Full Name of Father, Horace Moore

9. Father's Occupation Catering Work

10. Father's Birthplace, Accomac County Va.

Name of Medical Attendant, or other person who makes this Return, Elder Harris

Address, 818 Stockholm Street

Remarks,

8 7 5 0 0 0 8 4 4 8

[illegible] month, and shall set forth as far as the same can [illegible] been conferred) its sex, color, the full name and occupation of its parents, the date and place said schedule shall be delivered, duly signed by the practitioner in the form of a certificate between the first and third day of each and every month to the office of the Commissioner of Health. In case the birth of any child shall occur without the attendance of a physician or practioner of midwifery, or should no other person be in attendance upon the mother, immediately thereafter it shall become the duty of the person or parents of such child to report its birth to the Commissioner of Health, in the manner and within the period above required, and any such person or persons who shall hereafter fail to comply with the provisions of this section shall be subjected to the fine of ten (10) dollars for each offence, to be recovered as other fines and forfeitures are recoverable.

Wm. J. C[illegible]lany Co., City Printers and Stationers.

RETURN OF A BIRTH. 71139

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 2nd child

1. *Sex, (state whether male or female)* Female
2. *Race or Color, (if not of the white race)* Black
3. *Date of Birth,* December 19, 1895
4. *Place of Birth, (Street and Number)* 916 Little Pine St
5. *Full Name of Mother,* Annie Brown
6. *Mother's Maiden Name,* Annie Williams
7. *Mother's Birthplace,* Winchester Va.
8. *Full Name of Father,* Frank Brown
9. *Father's Occupation* Huckster
10. *Father's Birthplace,* Baltimore Md.

Name of Medical Attendant or other person who makes this Return, Dr Lewis A B M D

Address, Bel Geir Hospital

Remarks.

8950005449

J. C. Dulany Co., City Printers and Stationers.

71140

RETURN OF A BIRTH.

To the Office of Registrar of Vital Statistics, Board of Health, Baltimore City.

No. of Child of Mother, (state whether 1st, 2d, 3d, &c.) 6th

1. *Sex, (state whether male or female)* Male
2. *Race or Color, (if not of the white race)* White
3. *Date of Birth,* 19 December 1895
4. *Place of Birth, (Street and Number)* 920 Durham st.
5. *Full Name of Mother,* Mary Berry
6. *Mother's Maiden Name,* Mary Berry
7. *Mother's Birthplace,* Esch
8. *Full Name of Father,* Johan Zirowitch
9. *Father's Occupation* Baltimore
10. *Father's Birthplace,* Louise Durlara

Name of Medical Attendant, or other person who makes this Return. 920 Durham str.

Address,

Remarks.

Wm. J. C. Dulany Co., City Printers and Stationers.

895000

CERTIFICATE OF CAMERA OPERATOR

I HEREBY CERTIFY THAT THE DOCUMENTS REPRESENTED BY THE MICROPHOTOGRAPHS APPEARING ON THIS ROLL OF FILM DESIGNATED AS REEL No. 1736B WERE PHOTOGRAPHED BY THE UNDERSIGNED ON THIS DATE.

REEL BEGINS WITH 1895-005416

REEL ENDS WITH 1893-008450

BY Linda D. Waller
(SIGNATURE OF OPERATOR)

DATE 8/30/78

PS - 827

HR - RM 25
(6 - 1 - 59)
HALL OF RECORDS COMMISSION